



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company Name:

Representative:

Street Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Cell Phone:

E-mail Address:

Web Site:

ANNUAL DUES \$100

Type Of Membership: *(Please circle)* Vessel Associate

VESSEL MEMBERSHIP

Number of Vessels:

USCG or STATE Inspected:

Passengers:

ASSOCIATE MEMBERSHIP

Services Provided:

SIGNATURE

Signature of Applicant

Date:

Yes, Please link my Web site to the NYS TBA Web site. (MUST BE RECIPROCAL)

NOTE: As a Member of the NYSTBA, You Must Display A Link To The NYSTBA web site ON Your WEB SITE
THIS IS A CONDITION OF MEMBERSHIP

Membership Dues: Membership dues are non-transferable, non-refundable and are payable by January 31st of each year. After June 30th new member dues are prorated on a monthly basis for the remainder of the calendar year. All funds to NYS TBA must be in U.S. dollars.

Make Checks Payable and Mail to:

**NYS TBA
PO Box 98
Brightwaters, NY 11718-0098**

Please print a copy of this application for your records, your canceled check is your receipt.
Thank you and Welcome Aboard!