



# The Florida Commodores Association

## Associate Membership Application

(Associate Membership is restricted to spouses of Individual Members and current Rear Commodores and Fleet Captains of Recognized Yacht Clubs )

I accept the invitation to join and hereby apply for membership in the Florida Commodores Association as a member of \_\_\_\_\_ Chapter or as an

At-Large member (no Chapter affiliation.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Spouse or Domestic Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Please check one:  Spouse/Domestic Partner or

Current  Rear Commodore  Fleet Captain

**I agree to abide by the Bylaws and the Policies and Procedures of the Florida Commodores Association.**

Enclosed is my check for \$15 payable to "Florida Commodores Association."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

Chapter Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Completed application and check (payable to Florida Commodores Association) should be sent to:

**Florida Commodores Association  
P.O. Box 488, Shalimar FL 32579**

FCA Membership Officer: \_\_\_\_\_ Date: \_\_\_\_\_