

MHRA

Multihull Racing Association Membership Form

Membership Fees (per calendar year): Family: \$35 Individual: \$35 Associate: \$15	Name: _____
	Mailing Address: _____ _____ _____
Send Check and Form To: MHRA Membership [EIN# 94-8301371] c/o MarcoVaietti 4960 Mattos Drive Fremont, CA 94536-7160 If you have any questions, contact: Jason Smith Tel. (530) 872-2295 membership@catamaranracing.org	Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
	Type of Boat: _____ Length: _____ Modifications: _____
	Membership Type: Family _____ Individual _____ Associate _____ New to Sailing? Yes _____ No _____ Would you like instruction? Yes _____ No _____