

WORLD WAKEBOARD ASSOCIATION
2006 MEMBERSHIP FORM
5205 S. ORANGE AVE SUITE 205, ORLANDO, FL 32809

Membership Type: (PLEASE CIRCLE ONE)

- \$50.00** WWA T-shirt, copy of the 2006 WWA Boat Evaluation Handbook, Up to \$25,000 Annual Accidental Medical Insurance, E-mail broadcastings on events in your area, Newsletters (sent via email), and Cool Industry Stuff.
MUST ADD \$15 SHIPPING AND HANDLING FOR ALL ADDRESSES OUTSIDE OF THE UNITED STATES OR PACKET WILL NOT BE SENT.
*One per household.
- \$35.00** Will receive an official WWA membership card valid for one year, up to \$25,000 Annual Accidental Medical Insurance, E-mail broadcastings and newsletters
- \$17.00** ONLY AVAILABLE AT GRASSROOTS EVENTS (Mandatory Minimum) one event accidental medical insurance. E-mail broadcastings of events in your area.

Date: _____ T-shirt Size (sm, med, large, x-large) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Division: _____ Contest: _____

Payment (circle one): Visa Mastercard Check

Credit Card #: _____ Exp: _____

Check #: _____ Amount Paid: _____

Name on Card (please print): _____

Cardholder Signature: _____

Note: Any information received and is not legible will be disregarded without refund.

RECEIPT

NOTE: It is the responsibility of the rider to receive and maintain this portion for future references or disputes on membership. If any questions please contact the WWA office at 407-362-7841 or via email at membership@thewwa.com.

Date: ___/___/___ Event Name/ Club Name _____

Rider Name: _____

Issued by (Please print): _____

Form of Payment (VISA, Master Card, Cash, and Check): _____ Amount: _____

Check Number if Applicable: _____