



# International Model Power Boat Association

P.O. Box 1951, Huntsville, Al 35807-0951  
256-684-2986



## 2011 Membership Application Form

PLEASE PRINT ALL INFORMATION VERY CLEAR and allow 15 days for processing

New Member  Renewing  IMPBA Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ District # \_\_\_\_\_

Address \_\_\_\_\_ SUITE/APT # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Club Affiliation \_\_\_\_\_ (if none, leave blank)

Racing Interests: Nitro Powered  Fast Electric  Gasoline Powered  Electric Scale/Steam  RTR

**Senior Membership** for *anyone* 18 years and *older, per year.* **New members**  \$60.00  
 If you're a **renewal AND** your application is received at the IMPBA Office prior to Dec 31, 2010  \$50.00  
 (This includes insurance coverage and your first rulebook) **After January 1, 2011 the dues are \$60.00**  \$60.00  
 After September 1, for remainder of 2011 the dues are \$30.00  \$30.00

**Family Members \$10.00 each** per year for spouse and/or any children **under 18** living in the **same household** added to the Senior membership. This includes insurance coverage only.

_____	_____	_____	Family	<input type="checkbox"/>	\$10.00
<i>Name</i>	<i>Relation</i>	<i>Birth date</i>			
_____	_____	_____	Family	<input type="checkbox"/>	\$10.00
<i>Name</i>	<i>Relation</i>	<i>Birth date</i>			

**Junior Membership \$10.00** per year *under 18 Years Old* not joining with a parent. **Junior**  \$10.00  
 This includes insurance coverage and a rulebook. **Birth date (Required)** \_\_\_\_\_

**Other Organization Members:**  
 Members of other AMATEUR boating organizations are eligible to participate at IMPBA sanctioned events for **\$10.00** each event.  
 Members must fill-out and sign this waiver then submit to Club Contest Director along with the **\$10.00** registration fee. **Other**  \$10.00

**Other AMATEUR Organization Membership Number (Required)** \_\_\_\_\_  
 (You must have your other membership card available to show it to the race CD)

**Initial this box if you want your contact information to appear in the membership directory.**

Extra Rule Books cost 15.00 each Qty \_\_\_\_\_ Rule Book  \$15.00  
 Printed Roostertail (4 issues), B/W, 1<sup>st</sup> Class Post in USA @ \$25.00 Roostertail  \$25.00

**TOTAL AMOUNT SUBMITTED** \$ \_\_\_\_\_

**\*\*\* NO REFUNDS \*\*\*** (except duplicate submissions or overpayment)

Please **do not staple** your check to this application

\*\*\*\*\* Expiration of Membership is December 31 \*\*\*\*\*  
 Make check or Money Order payable to IMPBA  
 US currency only

**Mail payment to: IMPBA**  
**P.O. BOX 1951**  
**Huntsville, AL, 35807**

**New Clubs**--If you are interested in receiving information for starting a club and registering with IMPBA you may visit our website **www.impba.net** for the most up-to-date information regarding our organization or contact the **Executive Office at 256-684-2986**

Q# |  
M S D

### Everyone MUST read and sign below - Applications without signatures will be returned

#### Safety Regulations Compliance

"I agree to comply with all IMPBA Safety and Racing Regulations both current and future for all applicable model operations. I understand that my failure to comply with the Safety Regulations will result in failure of liability coverage for any damages or claims so caused. I further understand that written notice must be provided within ten business days of the occurrence of any incident.

#### Waiver and Release of Liability Statement

I am aware that modeling may present hazards to participants and spectators. I exempt, waive, and relieve the International Model Power Boat Association (IMPBA) it's President, Secretary, elected and appointed personnel and their assistants from all current or future liability for personal injury, property damage, or wrongful death. I understand that this waiver does not effect my liability insurance coverage. I understand that this waiver means that if I am involved in any claim I will not sue IMPBA.

This waiver shall be in force at all times I am a member of IMPBA

_____	_____
Signature of Applicant	Parent or Guardian of applicant under age 18
_____	_____
Signature of Family Member 1	Signature of Family Member 2