



# APPLICATION FOR MEMBERSHIP – CORPORATE

105 Eastern Avenue, Suite 104 - Annapolis, MD 21403 Phone: 410-940-6345 Fax: 410-263-1659

\*All requested information must be completed prior to committee review

Company Name: \_\_\_\_\_ Principal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal's E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Year company founded: \_\_\_\_\_  Sole Proprietorship  Partnership  Corporation Federal ID # \_\_\_\_\_

Number of years that company and/or owner/principal has been engaged in the full-time business of yacht brokerage: \_\_\_\_\_

Referred by: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Why has your company decided to join YBAA? \_\_\_\_\_

Which programs and services interest you? \_\_\_\_\_

Would you be willing to serve as a committee volunteer? \_\_\_\_\_

Company owner(s) name(s), title(s), and percentage of ownership:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Please indicate percentage of total company boat sales: Brokerage Sales \_\_\_\_%: (Sail \_\_\_\_%, Power \_\_\_\_%)

## CORPORATE MEMBERSHIP REQUIREMENTS

All applications are reviewed by YBAA's Membership Committee, which reserves the right to accept or reject any application for any reason.

Any sole proprietorship, partnership or corporation legitimately established and engaged in the full time practice of selling yachts on a co-brokerage basis who meets, or agrees to comply with, the following:

1. Company or principal of company has been in the full time business of yacht brokerage for at least one year prior to application,
2. Principal and all of the firm's authorized Corporate Member brokers (1) have never been denied, nor had revoked, any professional yacht broker license(s) and (2) currently hold all necessary license(s) required by all applicable governmental entities, and (3) have not been convicted of a felony within the past seven years.
3. Ensure that all business conducted by the company and its brokers (including employees, independent contractors, etc.) complies in full with the Association's Code of Ethics,
4. Pay, in a timely manner, all appropriate annual dues, based on the total number of brokers in the firm, and,
5. Provide as reference, a minimum of four active yacht brokerage firms with whom you have participated in brokerage sales.

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*All eligible applicants are accepted on a 6-month conditional basis and may have their membership privileges revoked if it is deemed by the Board of Directors that the company does not meet the eligibility requirements.*

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*For reference purposes, provide the names of four active yacht brokerage firms with whom you have participated in brokerage sales:*

Name: \_\_\_\_\_ Co: \_\_\_\_\_ Tel: \_\_\_\_\_

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Name: \_\_\_\_\_ Co: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Co: \_\_\_\_\_ Tel: \_\_\_\_\_

Please Indicate the TOTAL Number of Brokers Working for Your Company \_\_\_\_\_ (See appropriate dues category below.)

**Authorized Corporate Members** List below the names and email addresses (and addresses and phones if different from the Corporate Listing) of the brokers associated with your company who you designate to receive all benefits of YBAA membership, including voting privileges, as long as the Corporate Membership is in effect. Each broker must provide their signature and email address, in the space provided, indicating that they will attest and subscribe to the YBAA Code of Ethics. **Copy this page to add additional names.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_

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 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Payment Information** - The dues year runs from January 1 – December 31. Dues are renewable by December 31. New applicants will pay the one-time initiation fee in full, plus a prorated share of the full annual dues for the first year.

**Corporate Dues: First year dues are based on the date your company applies for membership**

Add \$40 for each additional broker over 12 \$40 X \_\_\_\_\_ (# of brokers) = \$ \_\_\_\_\_

| Membership Category | 1/1 – 3/31 Full Year | 4/1 – 6/30 | 7/1 – 9/30 | 10/1 – 12/31 – 15 Months |
|---------------------|----------------------|------------|------------|--------------------------|
| A 1 Broker          | \$350                | \$265      | \$200      | \$440                    |
| B 2 to 3 Brokers    | \$430                | \$320      | \$215      | \$535                    |
| C 4 to 6 Brokers    | \$565                | \$425      | \$285      | \$705                    |
| D 7 to 11 Brokers   | \$720                | \$540      | \$360      | \$895                    |
| E 12 + Brokers *    | \$860                | \$645      | \$430      | \$1070                   |

**Payment Calculations:**

Membership Category \_\_\_\_\_ Dues Amount \$ \_\_\_\_\_ + Initiation Fee \$100= Total in US\$ \_\_\_\_\_

- Enclosed is my check for \$ \_\_\_\_\_ (Please make checks payable to YBAA.)  
 Please charge to:  MC  VISA  AMEX  Discover Verification Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**STATEMENT OF APPLICANT**

I have read the listed membership requirements and the YBAA Code of Ethics and I certify that my company meets the criteria necessary for membership, and that the company and its brokers will comply with all terms and conditions of membership in the Yacht Brokers Association of America.

I hereby attest that the information provided herein is accurate and truthful to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application, attachments and payment to:  
**YBAA 105 Eastern Avenue, Suite 104, Annapolis, MD 21403-3300 Fax: 410-263-1659**  
 Application also available online at [www.ybaa.com](http://www.ybaa.com).