

YEAR: \_\_\_\_\_



# International Model Power Boat Association

P.O. Box 140571, Toledo, OH 43614 • 256 - 684 - 2986



## MEMBERSHIP APPLICATION FORM

PRINT ALL INFORMATION CLEARLY and mail with payment by check or money order (US funds only) payable to: IMPBA  
If signing up a Junior member -- application must include the minor's birthdate and have Parent or Legal Guardian signature.\*

New Member  Renewing Today's Date \_\_\_\_\_ IMPBA # \_\_\_\_\_ District # (if known) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\* Required for Minor applicants

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

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Club Affiliation (if any) \_\_\_\_\_

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

### Everyone MUST read and complete below — Applications without completed waiver\* 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 Powerboat Association (IMPBA), its 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 affect 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.

\_\_\_\_\_ Applicant \*\*  
 \_\_\_\_\_ Spouse \*\*  
 \_\_\_\_\_ Parent or Legal Guardian of Minor applicant \*

\*\* \* By checking the box by my name, I certify that I have read the Safety Regulations Compliance and Waiver and Release of Liability Statement and accept the terms. Typed names will hold the same legal weight as written signatures.

### SENIOR MEMBERSHIP

For anyone 18 years and older per year.

For insurance coverage.

**EARLY RENEW - Current IMPBA Members ONLY** if paid by DECEMBER 31 .....  \$50  
**NEW MEMBERS & Renewals** paid January 1 through August 31 .....  \$60  
**LATE SEASON begins Sept. 1**— New & Renew for remainder of season (4 mos.)...  \$30

### FAMILY MEMBERSHIP

Spouse and/or children under 18 years living in same household as the Senior Member.

\$10 each per year —

For insurance coverage.

_____ Spouse Name _____ Birthdate _____	Spouse .....	<input type="checkbox"/> \$10
_____ Child Name _____ Son or Daughter _____ Birthdate REQUIRED _____	Child .....	<input type="checkbox"/> \$10
_____ Child Name _____ Son or Daughter _____ Birthdate REQUIRED _____	Child .....	<input type="checkbox"/> \$10

### JUNIOR MEMBERSHIP

Under 18 years not joining with a parent — \$10 per year.

For insurance coverage.

Birthdate is REQUIRED on the member information section. Application must include the Parent or Legal Guardian signature in waiver box to be processed. Junior.....  \$10

#### RULE BOOK sections are available for view/download on [www.impba.net](http://www.impba.net) at NO COST.

Printed Rule Book (3-hole punched pages) \$15 EACH Qty. \_\_\_\_\_ Rule Book(s) ...  \$ \_\_\_\_\_

#### ROOSTERTAIL Newsletter issues for view/download on [www.impba.net](http://www.impba.net) at NO COST

Printed Roostertail, B/W, 1st Class Post in US @ \$30 Roostertail .....  \$30

Expiration of Membership is December 31.

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

\* NO REFUNDS except duplicate or overpayments \*

Mail with check or money order (US funds only) payable to IMPBA. DO NOT MAIL CASH!!!

IMPBA, PO Box 140571, Toledo, OH 43614

\* Allow 10 days for check processing \* \* Send Money Order for immediate processing \*

#### FOR OFFICE USE

Master

Current

Ck# /PP# : \_\_\_\_\_

card mailed date: \_\_\_\_\_

Q# : \_\_\_\_\_