

Primary Member Contact Info

Membership Holder or Organization Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Membership Payment Structures (check one):

| Memberships | Annually | Quarterly |
|----------------------|-----------------|------------------|
| Premier - 40 Hours | \$1,600 | \$450 |
| Locals - 50 Hours | \$1,750 | \$500 |
| Corporate - 60 Hours | \$2,700 | \$750 |

Card Holder Information

I understand and agree to the terms and conditions

Cardholder Name (As it appears on card): _____

Payment Type (check below): MasterCard Visa AMEX Check (In-Full) Cash (In-Full)

Card Number: _____ Exp. Date: _____ CVV: _____

Billing Address: _____ Zip: _____

Signature: _____ Date: _____

If you have any questions, please contact OC Boat Rentals at
info@ocboatrental.com

Thank You For Your Business!

