



J/22 Class Membership Application

CLASS RULES 2.8 ELIGIBILITY. No yacht shall race unless the owner(s) and helmsman are FULL members of the International J/22 Class Association, their National J/22 Class and their National Sailing Authority (US SAILING in the United States). The current International J/22 Class Association membership decal must be placed on the outer face of the transom near the upper starboard corner.

| | | |
|------------|----------------|--|
| Name | | |
| Address | | |
| City | State | Zip |
| Hull No. | District No. | Fleet No. <small>Look up in www.j22.com</small> |
| Yacht Name | US Sailing No. | |
| Tel (H) | Tel (B) | |
| Tel (Fax) | Email | |

| | | |
|--|---|---|
| Check boxes as applicable <input type="checkbox"/> J/22 New Member <input type="checkbox"/> J/22 Renewal | District Information: District 1 - Northeast District 2 - Mid Atlantic District 3 - Southeast | District 4 - Western Great Lakes District 5 - Southwest District 6 - West District 7 - Eastern Great Lakes |
|--|---|---|

I hereby apply for membership in the International J/22 Class Association for the year ending December 31, 2024 and agree to abide by all Class Rules.

\$15.00 late fee if paid after April 1, 2024

I am (check one) Owner Co-owner Helmsman Only Other _____

Enclosed is my check payable to **“U.S. J/22 Class Association”**

| | | |
|--|--|--------|
| I want to support my Class and become a Sponsor. Each sponsor's name will be listed in each Newsletter and on usaj22.com | Gold | \$200* |
| | Platinum | \$300* |
| J/22 International Membership | | \$100 |
| J/22 Student Membership – <i>privileges of full member</i> | | \$35 |
| J/22 Additional Family Membership – <i>spouse or child within household**</i> | | \$35 |
| J/22 Associate Membership – <i>Newsletter only</i> | | \$35 |
| Institutional Membership | \$100 First Boat | |
| | \$10 each additional | |
| Total payable to “U.S. J/22 Class Association” Mail to US J/22 Class Association, 1604 Ventana Drive, Ruskin, FL 33573 | <i>*In addition to full membership. **The additional family member has the privileges of a full member.</i> | |

Please list names and e-mail addresses of Additional Family Members:

Name: _____ E-mail Address: _____

Name: _____ E-mail Address: _____

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|