



Boating Industries Association of Upstate New York

Membership Change Application

Is this a change of Name? ___ Is this a change of Address? ___ Is this a change of ownership? ___

EXISTING MEMBERSHIP INFO

NEW OR CHANGE OF INFO

Name of Business/DBA _____
Mailing address _____
Phone _____
Fax _____ Website _____

Name of Business/DBA _____
Mailing address _____
Phone _____
Fax _____ Website _____

Contact Name _____
Email: _____
Principals/Owners _____

Contact Name _____
Email: _____
Principals/Owners _____



What is your "Official Business Certificate" number, issued by DMV

Please include updated copy

What is your "Certificate of Authority" number

Please provide a copy if it has changed

Please add any changes that are applicable.

What lines of boats, motors, and trailers do you sell _____

What Services do you offer _____



I hereby make change to my application as a member in the Boating Industries Association of Upstate NY. I also make the change in accordance with the bylaws of the association and I understand this will be reviewed by the Executive Board.

Signed: _____

Date _____