



Boating Industries Association of Upstate New York
Supportive Membership Application

Name of Business/DBA _____

Mailing address _____

Phone _____

Fax _____ **Website** _____

Contact Name _____

Email: _____

What Services do you offer _____

Please tell us who referred you: _____

I understand this does not automatically make me a member of the ESMTA, but I may join independently at any time. I understand I will have to abide by the bylaws that apply. Please include one years dues payment of \$250.00

Signed: _____

Date _____