



Membership Application

Name: _____

Address: _____

Country: _____

Phone Numbers:

Home: _____

Mobile: _____

Business: _____

Fax: _____

Email: _____

Make check payable to:

(For 1 year US\$23 or for 3 years \$60, in US dollars, please)

Women's International Match Racing Association

Mail Application and check to:

WIMRA

15 Margarita Drive

San Rafael, CA 94901-2325 USA