



National Jet Boat Association

Membership Application 2025

Owner/Driver \$275

Owner \$275

Driver \$275

Spouse \$5

General Membership \$275

Last 2 Races of the year \$175

Name _____ Birth date _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email address _____

Occupation _____

Boat name _____ Boat number _____

(To retain your boat number, you must join by the 2nd race)

Hull type: Hydro Flat Jet Out Board Mfg. _____

Email or Send to:

Jim Shelton
4905 Morgan St.
Salida, Ca 95368
JimS@njbaracing.net

Signature _____ Date _____

Be sure to complete the emergency information form on the next page

EMERGENCY INFORMATION

Boat # _____

Last name _____ First name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Allergies: _____

Medical conditions: _____

EMERGENCY CONTACT LIST

(1st choice)
Last name _____ First name _____ MI _____

Relationship _____ Ph# _____ Alt. Ph _____

(2nd choice)
Last name _____ First name _____ MI _____

Relationship _____ Ph# _____ Alt. Ph _____

INSURANCE INFORMATION

Policy no: _____

Insurance Co. _____ Insurance Agent _____

Address _____

City _____ State _____ Zip _____

Insurance co. ph. # _____ Cell _____

Doctor: _____

Ph. # _____ Alt. ph. # _____