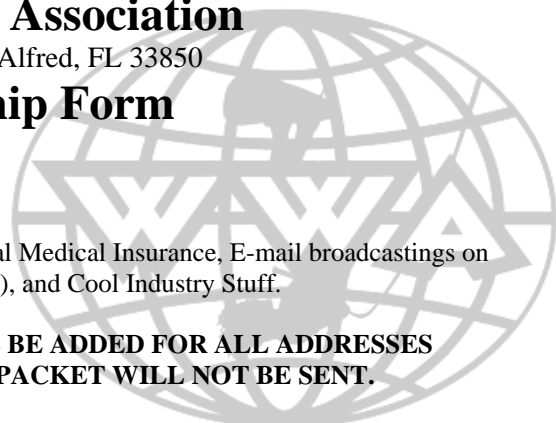


World Wakeboard Association

223 West Haines Blvd. Lake Alfred, FL 33850

2008 Membership Form



Membership Type: (PLEASE CIRCLE ONE)

\$60.00 WWA T-shirt, up to \$25,000 Annual Accidental Medical Insurance, E-mail broadcastings on events in your area, Newsletters (sent via email), and Cool Industry Stuff.

**** \$15 SHIPPING AND HANDLING WILL BE ADDED FOR ALL ADDRESSES OUTSIDE OF THE UNITED STATES OR PACKET WILL NOT BE SENT.**

\$40.00 Will receive an official WWA membership card valid through Jan. 1, 2009 up to \$25,000 Annual Accidental Medical Insurance, E-mail broadcastings and newsletters

Date: _____ **T-shirt Size (sm, med, large, x-large)** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Division:** _____ **Contest:** _____

Payment (circle one): **Visa** **Mastercard** **Check**

Credit Card #: _____ **Exp:** _____

Check #: _____ **Amount Paid:** _____

Name on Card (please print): _____

Cardholder Signature: _____

Note: Any information received and is not legible will be disregarded without refund.

RECEIPT

NOTE: It is the responsibility of the rider to receive and maintain this portion for future references or disputes on membership. If any questions please contact the WWA office at 407-362-7841 or via email at membership@thewwa.com.

Date: ___/___/___ Event Name/ Club Name _____

Rider Name: _____

Issued by (Please print): _____

Form of Payment (VISA, Master Card, Cash, and Check): _____ Amount: _____

Check Number if Applicable: _____