

Association of Marine Industries of Eastern Long Island, Inc.

P.O. Box 521, East Moriches, New York 11940 • Tel: (631) 819-9215 Website: www.BoatLl.org • E-mail: info@boatli.org

2024 MEMBERSHIP APPLICATION

(CHECK HERE IF RENEWAL □)					
Facility					
(Check One):	rk 🖵 South Fork 🖫	☐ Mid-Suffolk ☐	l Western Suf	ffolk/Nassau 🗖 Other	
Contact					
Street Address					
Mailing Address					-
City		State		ZIP	
Telephone		Fax		VHF Ch	
E-Mail					
Website					
List all social media URLs (IE: Fa	acebook, Twitter, Insta	gram, YouTube, Lir	nkedIn, etc.)_		
I prefer to receive the AMI n		•	Mail Mail	E-Mail (AMI preferred)	edia.
	7	Type of Bus	iness		
Boat Dealership	☐ Marin	a	Yacht Club	☐ Mechanical	service
Professional Service	25:		Other:		
Number of locations:	Number of empl	oyees at each loca	ation:	Number of slips at each loc	ation:
I am Applying For:	General Membersh Boat Yards, Marinas, D Yacht Clubs, Repair Sh and other marine bus Includes membership i State Marine Trades As (ESMTA).	ealers, nops, inesses. n the Empire		Associate Membership (\$ Businesses who derive 30% or less of their revenue from marine-related sources.	250.00)
	Please enclos	e your check n	nade payab	ele to: AMI	
AMI Committees I am ir	nterested in servi	ng on:			
Pesticide Recertification	Golf Outing	Suffolk Coun	ty Legislative	☐ Nominating	
Fundraising	Environmental	☐ ESMTA		Programming	
☐ Boaters Guide	Education	Membership		☐ Digital Marketing (Website	/Social Media/CRM)
Authorized Signature			Title		
Sponsor			_ Date		

VOTING PROXY

The undersigned, a member of the Marinas & Recreational Boat Sales/Service Safety Trade Group #517 underwritten through the NYS Insurance Fund, hereby authorizes Empire State Marine Trades Association (ESMTA) to hold our proxy and vote on our behalf, in conjunction with the Executive Committee on any and all matters relating to the Safety Group including, but not limited to:

- Dividend Declaration
- Executive Committee Elections
- Selection of Group Manager

This proxy supersedes all previous proxie	. This proxy shall be valid until we submit written instructions to the contrary.

Name of Company
Policy#
Principals Signature With Title
Print Principals Name and Title Date
Date