



EFFECTIVE DATE: _____

NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE: _____

NATIONALITY: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

GENDER: (circle one) **MALE** **FEMALE**

POSITION ON BOARD: _____

BENEFICIARY: (name and phone number) _____

PLEASE SIGN & DATE: _____

*Please call the AvMar office with any questions, 954-523-4151
Please return to AvMar via fax or email, 954-252-4367 or kim@yachtpayroll.com*