

PSWSFA MEMBERSHIP FORM

Dues: \$30 per year for entire *family
(January through December - not prorated throughout year)

(Please Print)

| |
|--|
| <input type="checkbox"/> New Membership |
| <input type="checkbox"/> Renewal |
| <input type="checkbox"/> cash <input type="checkbox"/> check |

Date: _____

Name: _____

Spouse: _____

Dependents Names and Ages:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

*FAMILY – must be living with you

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____

e-mail: _____

Cell Phone: _____

Boat Name/CallSign: _____

Total number in your membership: _____

Please check one of the following:

Yes, please add my name to the club Membership book

No, please do not publish my information

Send this form with a check (payable to PSWSFA) to:

**PSWSFA
P.O. Box 5194
Newport News, VA 23605**