

PSWSFA MEMBERSHIP FORM

Dues: \$40 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: _____

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

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

Please check one of the following:

☐ Yes, please add my name to the club Membership book

☐ No, please do not publish my information