# PSWSFA MEMBERSHIP FORM

**Dues: $40 per year for entire *family**

**Membership is March through February**

**(Please Print)**

_____ New Membership
_____ Renewal
___ cash ___ 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___No, please do not publish my information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 1056**
**Yorktown, VA 23692-2878**