

MEMBERSHIP APPLICATION

APPLICATION FOR ACTIVE MEMBERSHIP

(See reverse for explanation of membership types)

Name (First/Middle/Last) _____

Preferred Mailing Address _____

City, State, Zip Code _____

Telephone (with area code) Home _____ Work _____

Citizen Of _____ Sex (M or F) _____ Birth Date _____ Spouse's Name _____
(optional)

Have you ever been associated with USPS® before? If Yes, prior membership number _____

Boat Owner? Power _____ Sail _____ Boat Name _____ Boat LOA _____ None _____

Your signature and date signed _____

APPLICATION FOR ADDITIONAL ACTIVE MEMBER IN SAME HOUSEHOLD

Name (First/Middle/Last) _____

Telephone (with area code) Home _____ Work _____

Citizen Of _____ Sex (M or F) _____ Birth Date _____ Spouse's Name _____
(optional)

Have you ever been associated with USPS® before? If Yes, prior membership number _____

Your signature and date signed _____

APPLICATION FOR FAMILY MEMBERS

Name	Birth Date (MM/DD/YY)	Sex (M/F)	Prior USPS Certificate# (If Applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SQUADRON ENDORSEMENT

(For use only by squadron)

Squadron Name _____ Acct# _____ District _____

Active Member Applicant Endorsed By _____

Squadron Executive Committee approval Yes No Date passed exam _____

Additional Active Applicant Endorsed By _____

Squadron Executive Committee approval Yes No Date passed exam _____

I certify that the applicant(s) have met all requirements of membership on this date: _____

(Signature of Squadron Executive Committee Representative) _____

Please see reverse for USPS Policy and Membership Requirements

TOP COPY TO HQ, 2ND COPY TO SQDN SEC/TREAS, 3RD COPY TO CHMEMCOM

UNITED STATES POWER SQUADRONS®
Sail and Power Boating