



1-a. Application

ACTIVE MEMBERSHIP

(See reverse for explanation of membership types)

Name (First/MI/Last) _____
 Mailing Address: _____
 City, State, Zip: _____
 Telephone Home () _____ Work () _____
 E-mail _____ Fax () _____
 Sex (M or F) _____ Birth Date _____ Spouse's Name _____

ADDITIONAL ACTIVE MEMBERSHIP

(Add other adults in same household at a reduced membership rate)

Name (First/MI/Last) _____
 Telephone Home () _____ Work () _____
 Sex (M or F) _____ Birth Date _____ E-mail _____

FAMILY MEMBERSHIP

(Add other adults/children in same household at a reduced membership rate)

1: _____ Birth Date (MM/DD/YY) _____ Sex (M/F) _____
 2: _____ Birth Date (MM/DD/YY) _____ Sex (M/F) _____
 3: _____ Birth Date (MM/DD/YY) _____ Sex (M/F) _____

1-b. Application *(check one)*

APPRENTICE **SEA SCOUT**

Name (First/Last): _____
 Mailing Address: _____
 City, State, Zip: _____
 Home Telephone () _____ Sex (M or F) _____ Birth Date _____
 E-mail _____ Fax: () _____

2. Personal Skills *(check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Hospitality, Meetings | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Advertising/Marketing Skills | <input type="checkbox"/> Management/Personnel/Purchasing | <input type="checkbox"/> Public Speaking/Public Relations |
| <input type="checkbox"/> Art/Drawing/Drafting | <input type="checkbox"/> Membership/Member Involvement | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Computers/Audio Visual | <input type="checkbox"/> Medicine/Nursing | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Education/Instruction/Administration | <input type="checkbox"/> Newsletter/Printing/Publishing | <input type="checkbox"/> Writing/Editing/Grant Writing |

3. Boating: Being a boat owner is not a USPS membership requirement; however, if you do own a boat we would be interested in knowing if it's a [Power] or [Sail] Boat (circle one), the name of your boat: _____, and the overall length of your boat: _____

4. Which USPS member most influenced you to join our organization? _____ Cert # _____

5. Signature _____ **Date** _____

SQUADRON ENDORSEMENT *(This section to be completed by the local USPS unit to which this application is being submitted)*

Applicant(s) Endorsed By	Date
Ex Com Approval <i>(signature)</i>	Date
Please indicate if you have completed an approved course: (Not a requirement for membership)	Date Completed
Educational Certificate Type (check one): <input type="checkbox"/> Certificate/Local USPS Boating Course <input type="checkbox"/> Certificate/Approved Equivalent Boating Course	

Squadron/Provisional Name _____ Acct # _____ District _____