AMERICA'S BOATING CLUB of The Pamlico

A D27 Squadron of the **United States Power Squadron®**

1-a. Application   <u>ACTIVE MEMBERSHIP</u>
(See reverse for explanation of membership types)

Name (First/MI/Last)_____

Mailing Address: _____

City, State, Zip: _____

Telephone   Home (___)_____ Work/Cell (___)_____

E-mail _____ Fax (__)_____

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

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: (___)_____

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

D Accounting/Finance	D Hospitality, Meetings	D Photography
D Advertising/Marketing Skills	D Management/Personnel/Purchasing	D Public Speaking/Public Relations
D Art/Drawing/Drafting	D Membership/Member Involvement	D Religion
D Computers/Audio Visual	D Medicine/Nursing	D Telephone
D Education/Instruction/Administration	D Newsletter/Printing/Publishing	D 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 *(signature)*	Date
Please indicate if you have completed an approved course: **(Not a requirement for membership)**	Date Completed
Educational Certificate Type (check one): ■ Certificate/Local USPS Boating Course ■ Certificate/Approved Equivalent Boating Course	

Squadron/Provisional Name_____ Acct #_____ District _____