



**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 \_\_\_\_\_

**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: <b>(Not a requirement for membership)</b>	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 \_\_\_\_\_