



United States Power Squadrons® Is America's Boating Club® Membership Application



America's Boating Club® is a registered trademark of United States Power Squadrons® which has been America's Boating Club since 1914.

Application for Primary Active Member (please print or type) ☐ Active (age 18+) ☐ Apprentice (age 12-23)

Name (First, Middle, Last)			Date of Birth
Preferred Mailing Address			Gender (M or F)
City, State, Zip Code			Significant Other's Name
Home Phone	Work Phone	Cell Phone	Accepts texts? <input type="checkbox"/> YES <input type="checkbox"/> No
Sea Scout <input type="checkbox"/> YES <input type="checkbox"/> No	E-mail Address		
Do you own a boat or are you a member of a boat club? <input type="checkbox"/> YES <input type="checkbox"/> No	Boat Length	Boat Name	Boat Type (Power, Sail, Paddle)
Personal Skills willing to share:			Previous member? <input type="checkbox"/> YES <input type="checkbox"/> No
What boating experiences would you like to pursue as a member?			

Application for Additional Household Members (Primary and Others must live in the same household)

Name (First, Middle, Last)	Sea Scout? <input type="checkbox"/> YES <input type="checkbox"/> No	Date of Birth
E-mail Address	Cell Phone	Gender (M or F)
Personal Skills willing to share:		Previous Member? <input type="checkbox"/> YES <input type="checkbox"/> No
Name (First, Middle, Last)	Sea Scout? <input type="checkbox"/> YES <input type="checkbox"/> No	Date of Birth
E-mail Address	Cell Phone	Gender (M or F)
Personal Skills willing to share:		Previous Member? <input type="checkbox"/> YES <input type="checkbox"/> No

Volunteer areas: Areas I/we are willing to help the squadron succeed. Please circle your choices.

Hospitality Membership Education Boating Activities Community Service Communications
Photography Newsletter Public Relations Programs for Youth Other:

I/we look forward to being active member(s) in our local squadron and are willing and able to help promote USPS/America's Boating Club's safe recreational boating mission in our community.

Signature 1 _____ Signature 2 _____

Signature 3 _____ Who encouraged you to join? _____

Squadron Name		District No.	Squadron Code No.
Boating Safety Course Completed?* <input type="checkbox"/> YES <input type="checkbox"/> No	Date Completed*	Name of Course*	
Date of Exec. Approval		Exec. Comm. Member's Signature	