

## **United States Power Squadrons Membership Application**

Name (First, Middle, Las	stj								Date of Birth	1
Preferred Mailing Address								Gender (M or F)		
City, State, Zip Code									Significant O	ther's Name
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Send Check payable to NOSPS with completed application to: Karen Mahalick

182 Jamestown Beach Lane Sequim, WA. 98382 Single Membership: \$ 116.00 Family Membership: \$ 167.00