

PEARSON SAILING ASSOCIATION MEMBERSHIP FORM

Please fill out completely and return with a check for \$25.00 made out to PSA.

First Name: _____

Last Name: _____

1st Mate First Name: _____

1st Mate Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Boat Model: _____

Boat Name: _____

Year: _____

Hull Number: _____

Home Port: _____

Email: _____

Return to:

Anne Martin
9 Oakridge Ct.
Lutherville, MD 21093