

**PEARSON SAILING ASSOCIATION
MEMBERSHIP FORM**

Please fill out completely and return with a check for \$25 made out to PSA to the address below:

Date: _____ Renewal for (Year): _____

First Name: _____

Last Name: _____

First Mate First Name: _____

First Mate Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Boat Model: _____

Boat Name: _____

Year: _____

Hull Number: _____

Home Port: _____

E-mail address: _____

First Mate e-mail address: _____

Return to:

Anne Martin
9 Oakridge CT
Lutherville, MD 21093