Corporate Membership Application

PLEASE PRINT

_____ _____ _____
FIRST NAME LAST NAME TITLE

_____
COMPANY NAME

_____ _____
MAILING ADDRESS CITY

_____ _____ _____
STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Phone # _____ Fax # _____

Email Address _____

Company Website _____

Annual Corporation Member Dues $ 100.00

I would like to make a donation for Lifeboats-USA Station # 1 $ _____

I would like to make a donation for Lifeboats-USA Vessel # 1 $ _____

Total amount enclosed $ _____

Please make Check payable to Lifeboats-USA

Please send Application and Check to: Lifeboats-USA
500 Coconut Avenue
St. Augustine, FL 32095

Company/Corporation Membership subject to review and approval by Lifeboats-USA Ethics Committee. Contribution will be returned if Membership is not approved for any reason.