Individual Affiliate Membership Application

PLEASE PRINT

_____ _____ _____

FIRST NAME LAST NAME INITAILS

_____ _____

MAILING ADDRESS CITY

_____ _____ _____

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Day Time Phone # _____ Evening Phone # _____

Email Address _____

Annual Affiliate Member Dues	$ 30.00
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