Individual Affiliate Operational 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 _____

[ ] I am a member of the USCG Active Duty/Reserve/Civilian
[ ] I am a member of the USCG Auxiliary
[ ] I am a member of the USPS

I am a certified [ ] Coxswain [ ] Crew [ ] Watchstander [ ] Boating PE Instructor

Annual Affiliate Operational Member Dues $ 15.00

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