# Organization Membership Application

## PLEASE PRINT

_____ _____ _____

FIRST NAME LAST NAME TITLE

_____

ORGANIZATION NAME

_____ _____

MAILING ADDRESS CITY

_____ _____ _____

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Phone # _____ Fax # _____

Email Address _____

Organization Website _____

Annual Organization Member Dues $ 50.00

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

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