

2002 MEMBERSHIP APPLICATION



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Visit our Website
USAWATERSKI.org

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HAVING FUN TODAY... BUILDING CHAMPIONS FOR TOMORROW!

PERSONAL INFORMATION

☐ Please do not use my Social Security #
(reassign a generic #)

Social Security #: _____

Full Name: _____

Club/Team: _____

E-mail Address: _____

Mail Preference: ☐ Paper ☐ E-mail ☐ Fax ☐ Please sign me up for USA Water Ski's electronic newsletter! **New!**

Gender: ☐ Male ☐ Female

Date of Birth: _____ (mandatory)

Mailing Address: _____

City/State/Zip+4: _____

Home Phone: () _____ (mandatory)

Work Phone: () _____ Extension: _____

Fax Number: () _____

Mobile Phone: () _____

Sport Disciplines: 1st Choice _____ 2nd Choice _____ (mandatory)

3-Event – AWS Disabled – WSD Ski Race – NWR
Barefoot – ABC Kneeboard – AKA Wakeboard – AWA
Collegiate – NCW Show Ski – NSS

Federation: _____

IMPORTANT - Please type or print clearly all information requested on the left side of this application. Refer to the Membership Program Descriptions on the back of this page for further details on membership types and insurance coverage.

Membership Number – Your Social Security number will be used as your permanent USA Water Ski membership number. If you prefer that USA Water Ski assign you a generic membership number, please check the appropriate box to the left.

MEMBERSHIP INFORMATION

Please refer to the Membership Program Descriptions on the back of this application for further information.

Individual Memberships

- ☐ Individual Active \$50
☐ Collegiate Active - insurance only \$25
☐ Jr. Active - 17 & under \$35
☐ Individual Supporting \$25

Foreign Memberships (foreign residents and foreign federation members)

- ☐ Foreign Active \$55
☐ Foreign Federation Active - insurance only \$25
☐ Foreign Supporting \$35

Family Membership - complete Family Membership section below

- ☐ Family Head of Household

Individual Amount \$

FAMILY INFORMATION

Complete this section only if you have selected Family Head of Household status above. Place an X in the Head of Household Active or Supporting box below and provide the names and requested information for your family members (spouse and dependent children age 17 and under who reside at the same address) and indicate whether they will join as a Family Active or Family Supporting member.

- ☐ Head of Household Active (\$55) ☐ Head of Household Supporting (\$40)

Family Head of Household Amount \$

Spouse/Dependents' Full Names (children age 17 & under)	Social Security #	Gender (circle one)	Birth Date (mandatory)	Sport Disc. (mandatory)	Membership Type	Fee
Spouse	<input type="checkbox"/> Assign #	M F		1. 2.	<input type="checkbox"/> Active \$25 <input type="checkbox"/> Supporting \$ 0	\$
Child	<input type="checkbox"/> Assign #	M F		1. 2.	<input type="checkbox"/> Active \$25 <input type="checkbox"/> Supporting \$ 0	\$
Child	<input type="checkbox"/> Assign #	M F		1. 2.	<input type="checkbox"/> Active \$25 <input type="checkbox"/> Supporting \$ 0	\$
Child	<input type="checkbox"/> Assign #	M F		1. 2.	<input type="checkbox"/> Active \$25 <input type="checkbox"/> Supporting \$ 0	\$
Child	<input type="checkbox"/> Assign #	M F		1. 2.	<input type="checkbox"/> Active \$25 <input type="checkbox"/> Supporting \$ 0	\$

★ ★ ★ SUPPORT YOUR U.S. WATER SKI TEAMS ★ ★ ★

Donate \$25 and receive an official 2002 U.S. Water Ski Teams T-Shirt, Visor or Hat
We'll also include a USA Water Ski Thermal Die Cut Decal with every order as a special thank you!

T-Shirt(s): LG _____ + XL _____ + # Visor(s) _____ + # Hat(s) _____

Spouse/Dependent(s) Total \$

Total # Item(s) _____ x \$25 \$

PAYMENT METHOD

☐ Check/Money Order (payable to USA Water Ski)

☐ MasterCard

☐ Visa

TOTAL AMOUNT \$

Credit Card # _____ Expiration Date _____ Last 4 Digits of SS # _____

Cardholder's Billing Address _____ Billing Zip Code _____ Auth. # _____

Cardholder's Printed Name _____ Signature _____

★ ★ ★ United States Olympic Committee Member ★ ★ ★