READ THIS FIRST!!

Important Membership Information: USA Water Ski (USAWS) Clubs are provided $1,000,000 general comprehensive liability insurance coverage for club activities, approved club practices and USA Water Ski-sanctioned tournaments, exhibitions, practices and clinics. ***ACTIVE*** (insured) members may participate in these activities; ***SUPPORTING*** (uninsured) members may not participate. All *ACTIVE* memberships expire on December 31st of the year in which they were purchased. The NCWSA Active membership is only honored at NCWSA tournaments and practices and provides insurance coverage only. It does not include any other USA Water Ski benefits (i.e., Water Skier magazine, Regional Guide, products, services, etc.).

USA WATER SKI

Collegiate Membership Registration Form

(DO NOT Use for Guest Memberships)

Sanction # ____________

Check One: ☐ USA Water Ski/NCWSA-sanctioned Tournament ☐ USA Water Ski/NCWSA-sanctioned Practice

USAWS-Affiliated Club Name ____________ Club # ____________

Sanctioned Event Name ____________ Date ____________

Site ____________ City ____________ State ____________

Registrar's Name ____________ Area Code/Phone ____________

Address ____________ City ____________ State ______ Zip ____________

PLEASE TYPE OR PRINT CLEARLY

Personal Information		Membership Type	Payment Information
Sport Discipline **NCWSA (Collegiate)**	E-mail	**Check One:**	Payment Method: ☐ Cash ☐ Check/Money Order ☐ MasterCard ☐ Visa
Social Security # ☐Assign #	Gender ☐ Male ☐ Female	☐ $50 USAWS Active	Amount: $
Name ☐Mr. ☐Ms. ☐Mrs.	Birth Date **(mandatory)**	☐ $25 NCWSA Active • May only be honored at Collegiate practices and tournaments. You must upgrade to a $50 USAWS Active membership to participate in other events. • Provides insurance coverage only without any other USA Water Ski membership benefits (i.e., Water Skier magazine, Regional Guide, products, services, etc.).	Check #
Address	Occupation		Card #
City	Home Phone ( )		Expiration Date
State Zip+4	Fax Number ( )		Billing Street
Mail Preference ☐ Paper ☐ Fax ☐ E-mail	Work Phone ( )		Billing Zip
Affiliated Team Member? ☐ Yes ☐ No Team Name			Signature

Sport Discipline **NCWSA (Collegiate)**	E-mail	**Check One:**	Payment Method: ☐ Cash ☐ Check/Money Order ☐ MasterCard ☐ Visa
Social Security # ☐Assign #	Gender ☐ Male ☐ Female	☐ $50 USAWS Active	Amount: $
Name ☐Mr. ☐Ms. ☐Mrs.	Birth Date **(mandatory)**	☐ $25 NCWSA Active • May only be honored at Collegiate practices and tournaments. You must upgrade to a $50 USAWS Active membership to participate in other events. • Provides insurance coverage only without any other USA Water Ski membership benefits (i.e., Water Skier magazine, Regional Guide, products, services, etc.).	Check #
Address	Occupation		Card #
City	Home Phone ( )		Expiration Date
State Zip+4	Fax Number ( )		Billing Street
Mail Preference ☐ Paper ☐ Fax ☐ E-mail	Work Phone ( )		Billing Zip
Affiliated Team Member? ☐ Yes ☐ No Team Name			Signature

Sport Discipline **NCWSA (Collegiate)**	E-mail	**Check One:**	Payment Method: ☐ Cash ☐ Check/Money Order ☐ MasterCard ☐ Visa
Social Security # ☐Assign #	Gender ☐ Male ☐ Female	☐ $50 USAWS Active	Amount: $
Name ☐Mr. ☐Ms. ☐Mrs.	Birth Date **(mandatory)**	☐ $25 NCWSA Active • May only be honored at Collegiate practices and tournaments. You must upgrade to a $50 USAWS Active membership to participate in other events. • Provides insurance coverage only without any other USA Water Ski membership benefits (i.e., Water Skier magazine, Regional Guide, products, services, etc.).	Check #
Address	Occupation		Card #
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Mail Preference ☐ Paper ☐ Fax ☐ E-mail	Work Phone ( )		Billing Zip
Affiliated Team Member? ☐ Yes ☐ No Team Name			Signature

Check One: ☐ **USA Water Ski/NCWSA-sanctioned Practice** ☐ **USA Water Ski/NCWSA-sanctioned practice** **Sanction #** ________

Sport Discipline **NCWSA (Collegiate)**	E-mail	**Check One:**	Payment Method:	☐ Cash
Social Security # ☐Assign #	Gender ☐ Male ☐ Female	☐ $50 USAWS Active	Amount: $	☐ Check/Money Order
Name ☐Mr. ☐Ms. ☐Mrs.	Birth Date **(mandatory)**	☐ $25 NCWSA Active	Check #	☐ MasterCard ☐ Visa
Address	Occupation	• May only be honored at Collegiate practices and tournaments. You must upgrade to a $50 USAWS Active membership to participate in other events. • Provides insurance coverage only without any other USA Water Ski membership benefits (i.e., Water Skier magazine, Regional Guide, products, services, etc.).	Card #	
City	Home Phone ( )		Expiration Date	
State Zip+4	Fax Number ( )		Billing Street	
Mail Preference ☐ Paper ☐ Fax ☐ E-mail	Work Phone ( )		Billing Zip	
Affiliated Team Member? ☐ Yes ☐ No Team Name			Signature	

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Social Security # ☐Assign #	Gender ☐ Male ☐ Female	☐ $50 USAWS Active	Amount: $	☐ Check/Money Order
Name ☐Mr. ☐Ms. ☐Mrs.	Birth Date **(mandatory)**	☐ $25 NCWSA Active	Check #	☐ MasterCard ☐ Visa
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State Zip+4	Fax Number ( )		Billing Street	
Mail Preference ☐ Paper ☐ Fax ☐ E-mail	Work Phone ( )		Billing Zip	
Affiliated Team Member? ☐ Yes ☐ No Team Name			Signature	

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Name ☐Mr. ☐Ms. ☐Mrs.	Birth Date **(mandatory)**	☐ $25 NCWSA Active	Check #	☐ MasterCard ☐ Visa
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City	Home Phone ( )		Expiration Date	
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