

## PEARSON SAILING ASSOCIATION MEMBERSHIP FORM

Please fill out completely and return with a check for \$25.00 made out to PSA.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

1st Mate First Name: \_\_\_\_\_

1st Mate Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Boat Model: \_\_\_\_\_

Boat Name: \_\_\_\_\_

Year: \_\_\_\_\_

Hull Number: \_\_\_\_\_

Home Port: \_\_\_\_\_

Email: \_\_\_\_\_

Return to:

Willis Sibley  
1190 Cedar Ave  
Shadyside, Maryland 20764