

Bay Area Personal Watercraft Association * P.O. Box 3458, Pearland, TX 77588

Please complete the following information in its entirety (**one application per person**). Mail your application/renewal form along with your **annual membership fee of \$20 individual and \$40 for family**, to the address listed above on this form. Please keep a copy of this form for your records.

PLEASE PRINT INFORMATION ON FORM

NAME

First

Last

Emergency Contact (someone not riding with you):

ADDRESS

Street

City

State

Zip

PHONE NUMBERS

Home

Work

Cell

Pager

Other

Email
Address

Personal Watercraft Information Must Be Completed.

Make

Year Model
(s)

Registration
No. (s)

FOR NEW MEMBERS ONLY

What is your reason for joining the club?

How did you hear about our club?

The information you have provided on this application is confidential unless you state otherwise.

Circle each of the following to indicate the information you would like to appear on the membership roster.

Name, Address, Home Phone, Work Phone, Cell Phone, Pager Number, Email Address

Signature

Date