| PSA Membership Application |
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| NEW MEMBERS: $25.00 includes one time $5.00 initiation fee **ANNUAL RENEWAL MEMBERSHIP $20.00 UNTIL MARCH 1ST THEN $25.00** |
| Applicant Information |
| **Name:** |
| **Date of birth:** | **Home Phone: Cell Phone:** |
| **Current address:** |
| **City:** | **State:** | **ZIP Code:** |
| Email Address: |
| Spouse Information |
| **Name:** |
| **Date of birth:** | **Home Phone: Cell Phone:** |
| Email Address:  |
| Were you refered by a PSA member? Yes\_\_\_ NO\_\_\_\_ MEMBER NAME:  |
| **\*\*\*\*\*\*\*HIPPA Privacy Law Public Law 104-191\*\*\*\*\*\*\*\*\*\*****Do you wish to have health information for you and your family members** **(surgeries, illnesses, etc.) communicated to club members?****Applicant #1. Yes\_\_\_\_\_\_\_ NO\_\_\_\_\_****Applicant #2. Yes\_\_\_\_\_\_\_ NO\_\_\_\_\_** |
| **NEW\_\_\_\_\_\_\_\_\_\_\_\_ RE-UP\_\_\_\_\_\_\_\_\_\_****CASH\_\_\_\_\_\_\_\_\_\_\_ CHECK #\_\_\_\_\_\_\_\_\_** |