| 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 #\_\_\_\_\_\_\_\_\_** | | |