



MEMBERSHIP FORM

YES! I WOULD LIKE TO JOIN PSNBA

Please begin my membership at the following level (check applicable box below):

INDIVIDUAL MEMBERSHIP:

- \$10 Donation – Full
- \$25 Donation – Copper
- \$100 Donation – Bronze

COMMUNITY/CORPORATE MEMBERSHIP: (Businesses)

- \$100 – Bronze
- \$300 – Silver
- \$500 – Gold
- \$1,000 – Platinum
- \$5,000 – Diamond

Date: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Web Site Address: _____

How would you like to receive the PSNBA Newsletter?

- Email Email Address: _____
- Mail (only available for memberships \$25 and higher)

Payment:

- I have enclosed a check or money order made payable to PSNBA.
- Please charge my credit card the amount I have selected above.

Credit Card (We can accept VISA/MasterCard):

Credit Card Number: _____ Exp. Date: _____

Billing Address: _____

Name as it appears on the card: _____

Signature: _____

In recognition of your membership, plaques are available for donations of \$100 or more.

Would you like a PSNBA Plaque? Yes No

**Please mail the completed form with your check, money order, or credit card information to:
PSNBA, Attention: Membership, P.O. Box 2615, Bremerton, WA 98310
THANK YOU FOR YOUR SUPPORT!**