



MEMBERSHIP FORM

YES! I WOULD LIKE TO JOIN PSNBA

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

INDIVIDUAL MEMBERSHIP

- \$20 – Bronze
 \$50 – Silver
 \$100 – Gold

COMMUNITY/CORPORATE MEMBERSHIP (BUSINESSES)

- \$200 – Bronze
 \$500 – Silver
 \$1000 – Gold
 \$2500 – Platinum
 \$5000 – Diamond

Date: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Web Site Address: _____

How would you like to receive the PSNBA Newsletter?

- Email Email Address: _____
 Mail (only available for Silver or Higher)

Payment:

- I have enclosed a check or money order made payable to PSNBA
 Please charge my credit card

Credit Card (VISA or 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, ATTN: Membership, P.O. Box 2615, Bremerton, WA 98310**

Thank you for your support!