

# United States Power Squadrons Membership Application

## What is USPS®?

Organized in 1914, USPS is America's largest non-profit, educational organization dedicated to making boating safer and more enjoyable by teaching classes in seamanship, navigation and related subjects. Our members are boating families who contribute to their communities by promoting safe boating through education. We enjoy participating in activities with our fellow members on the water and in the classroom. USPS has some 40,000 members organized into 420+ squadrons across the country and in some US territories. USPS has been honored by three US presidents for its civic contributions. Fraternal, Education, Civic Service - we have it all! (For additional information, visit our web page at <http://www.usps.org> or call toll free: 888.367.8777)

## USPS Membership Benefits:

Our many benefits are a plus! Check out our Member Benefits Web Page, [http://www.usps.org/national/admin\\_dept/membenefits.htm](http://www.usps.org/national/admin_dept/membenefits.htm), and you will find information on special benefits you receive for being a member of USPS®. Don't forget to check with your insurance company for discounts for taking our NASBLA approved courses.

## Education Requirement for Membership

Although USPS currently has no education requirement for membership, squadrons may elect to require the passing of a NASBLA "approved" boating course as a requirement for membership. If you have completed any of the following courses please insert the course name and date of completion on this application form in the space provided: USPS or NASBLA approved courses including USCG Captain License, graduate degree from the US Naval Academy, USCG Academy or US Merchant Marine Academy or any boating course carrying NASBLA certification.

## Membership Qualifications:

To qualify for active membership in the United States Power Squadrons, you must:

- Be able and Willing to Contribute Time, Energy and Skills to the Objectives of USPS
- Be Accepted By The Squadron Executive Committee
- Have Paid All Applicable Entrance Fees, Dues and Assessments

## USPS Policy On Human Rights:

USPS, its districts, squadrons and members shall at all times observe all federal, state and local Human Rights Laws, regulations and ordinances applicable to any USPS activity, procedure or practice. At no level; whether National, District or Squadron, may any person be refused membership, denied office or be prevented from participating in any activity because of any fact or circumstance which would identify that person as one of a protected class of individuals under the Human Rights Laws, regulations or ordinances of any governmental jurisdiction where the person resides, or where USPS conducts business.

## National Headquarters Mailing Address

United States Power Squadrons  
1504 Blue Ridge Road  
Raleigh, NC 27607

# Junior Sailing Registration Form



## United States Power Squadrons Membership Application

**Application for Primary Active Membership** (please print or type)  Active  Apprentice

Name (First, Middle, Last)			Date of Birth
Preferred Mailing Address			Gender (M or F)
City, State, Zip Code			Significant Other's Name
Home Phone ( ) ( )	Work Phone ( ) ( )	Cell Number ( ) ( )	Fax Number ( ) ( )
Sea Scout? <input type="checkbox"/> YES	E-mail Address		
Boat Type (Power, Sail, Paddle, None)	Boat Length	Boat Name	
Personal Skills: This is what your skills in your education, work training or hobbies are : (i.e. accounting, lawyer, floral arranging, teaching, etc.)			Previous held Certificate Number (i.e. USPS University, etc.)
Volunteer areas: Areas I am willing to help the squadron succeed. Please circle your choices. Hospitality    Membership    Education    Communications    Photography    Newsletter    Public Relations Other:			

### Application for Additional Household Members (Primary and Others must live in the same household) (Use extra forms for Additional Household Members)

Name (First, Middle, Last)	Sea Scout? <input type="checkbox"/> YES	Date of Birth
E-mail Address (if you wish to receive emails in addition to Active Member)	Cell Phone	Gender (M or F)
Personal Skills: This is what your skills in your education, work training or hobbies are : (i.e. accounting, lawyer, floral arranging, teaching, etc.)	Previous held Certificate Number (i.e. USPS University, etc.)	
Volunteer areas: Areas I am willing to help the squadron succeed. Please circle your choices. Hospitality    Membership    Education    Communications    Photography    Newsletter    Public Relations Other:		

Name (First, Middle, Last)	Sea Scout? <input type="checkbox"/> YES	Date of Birth
E-mail Address (if you wish to receive emails in addition to Active Member)	Cell Phone	Gender (M or F)
Personal Skills: This is what your skills in your education, work training or hobbies are : (i.e. accounting, lawyer, floral arranging, teaching, etc.)	Previous held Certificate Number (i.e. USPS University, etc.)	
Volunteer areas: Areas I am willing to help the squadron succeed. Please circle your choices. Hospitality    Membership    Education    Communications    Photography    Newsletter    Public Relations Other:		

I understand that I must be able and willing to contribute Time, Energy and Skills to the Objectives of USPS.

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

Signature 3 \_\_\_\_\_ Who influenced you to join USPS? \_\_\_\_\_

#### FOR SQUADRON USE ONLY

Squadron Name	District No.	Squadron Code No.
Was a Boating Safety Course Completed?*	Date Completed*	Name of Course*
<input type="checkbox"/> YES <input type="checkbox"/> No		
Approving Squadron Representative's Signature		Squadron Member Certificate Number and Date
Date of Exec. Approval	Exec. Comm. Member's Signature	

MEMCOM 1 New Member Application

29-Sep-11

## Registration Form – Additional Data

Student Name		
<p>Communications:</p> <p>It is important that we be able to reach you in the event of a last-minute schedule change. Please provide the data requested:</p>		
<u>Method</u>	<u>Address/Number</u>	<u>Best (check one)</u>
E-mail	_____	<input type="checkbox"/>
Text/SMS	_____	<input type="checkbox"/>
Voice (parent)	_____	<input type="checkbox"/>
		Circle one: Home / Cell (student) / Cell
T-Shirt Size	Youth: XS – S – M – L – XL	Adult: XS – S – M – L – XL – 2X – 3X

## Invitational Event Application

Please indicate if you wish to be considered for crew positions in any of the following special events. Checking the box(es) below only indicates interest in participating, not a final commitment.

<input type="checkbox"/>	Northbound NYS Canal Delivery, Watkins Glen to Oswego, NY
<input type="checkbox"/>	Lake Ontario Cruise, Oswego, NY to Sodus Bay
<input type="checkbox"/>	D/6 Rendezvous Voyage to Kingston, Ontario
<input type="checkbox"/>	Southbound NYS Canal Delivery, Oswego, NY to Watkins Glen

<input type="checkbox"/>	FLYC Commodore's Cup Race and Overnight Cruise
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<input type="checkbox"/>	Seneca Barge Race, Northbound Delivery – Watkins Glen to Geneva, NY
<input type="checkbox"/>	Seneca Barge Race, Race Day – Geneva, NY
<input type="checkbox"/>	Seneca Barge Race, Southbound Delivery – Geneva to Watkins Glen, NY

# Parental Permission Form

I/We wish to enroll \_\_\_\_\_  
Print student name(s) here

in the Junior Sailing Program offered by the Seneca Sail & Power Squadron. We understand that it is our responsibility to transport the student to the marina in time for the scheduled sessions and to pick her/him up afterwards. The student must wear a Coast Guard approved PFD when on the water. Further, we certify that the applicant is able to swim, is in good health and is able to participate in outdoor physical activity. The student is expected to follow the direction of the Instructor(s) and Coach(es) and behave in a reasonable fashion. We understand that a student may be dismissed from the program in the best interests of the safety of the child and of the program and that this decision shall rest with the Seneca Sail & Power Squadron.

We further understand that a sailing program entails an element of hazard and in this respect we accept full responsibility for the presence of our family in this program and release the Seneca Sail & Power Squadron, its Officers, Coaches and Instructors from all responsibility. We hereby acknowledge that we have read and affirm the entire contents of the application.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name of Parent or Guardian \_\_\_\_\_

Allergies or medical conditions we should know about? \_\_\_\_\_

## Emergency Contact Information

Contact #1 Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_

### Squadron Use Only

Jr. Sailing    ABC    Seamanship    FLYC    USPS Family    Delivery/Cruise

