



MEMBERSHIP RENEWAL (AUGUST 1 – JULY 31)

BLUE WATER SPORTSMAN'S ASSOCIATION

Mailing Address: PO Box 610464 Port Huron, MI 48061-0464 Phone: (810) 364-9894

Located At: 4866 Ravenswood Rd Kimball, MI 48074 Website: www.bwsa.com

Check One: [ ] Adult \$120 [ ] Senior \$84 (65 & up) [ ] Young Adult \$84 (18-20) [ ] Life\* [ ] Board Member\* (\*No fee, please complete and return)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Member #: \_\_\_\_\_

Email: \_\_\_\_\_

Associate Member (Spouse of Full Member)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Additional \$10

Junior Member (Child, age 10 -17, of Full Member)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Additional \$10

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Additional \$10

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] Additional \$10

If you already have a range key card, please continue to use it. It remains valid as long as you are up to date on membership fees.

If you need a replacement card for \$10, please check this box [ ] Additional \$10

\*Please note, if you request a new card your previous card will be deactivated

The newsletter is available on our website. www.bwsa.club if you would like a copy mailed to you monthly to the above address for \$15 annually check this box. [ ] Additional \$15

Total Amount Due (Add Above Fees): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to the current Rules and By Laws of Blue Water Sportsman's Association

Make Check payable to: Blue Water Sportsman's Association
PO Box 610464
Port Huron, MI 48061-0464



Office Use Only Key: \_\_\_\_\_ Member #: \_\_\_\_\_
Amount Rec'd: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ [ ] Check [ ] Credit Card [ ] Cash

For Credit Card please fill out information below

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I hereby authorize Blue Water Sportsman's Association to charge my credit card for the TOTAL AMOUNT Indicated above and agree to pay all charges to my credit card company in accordance with my card holder agreement. (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS ONLY)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_