



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 – Sustaining

\$25 Donation – Sustaining +

\$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!**