



PSPG Membership Application

Application Date: _____

PHILADELPHIA SHIP PRESERVATION GUILD

Name _____

Home Address _____

(Street...City...State...Zip)

Date of Birth _____ (*) E-Mail: _____

Home Phone _____ Work Phone _____ Cell Phone _____
(area code - number) (area code - number) (area code - number)

Employer/School: _____

Business Address: _____

Position: _____

Experience/ Interests:

How did you find us/learn about us? _____

Annual dues: individual - \$40.00; family - \$65.00. Dues are annual falling due on your membership anniversary date.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ BOTH THE GUILD'S ANTI-HARASSMENT POLICY AND THE GUILD'S MEMBERSHIP POLICY AND WILL ABIDE BY BOTH POLICIES AS A MEMBER IN GOOD STANDING.

Signature (Do not print) _____

IF YOU ARE BELOW THE AGE OF 18, YOUR PARENT OR GUARDIAN MUST GIVE HIS OR HER CONSENT FOR YOUR PARTICIPATION IN PHILADELPHIA SHIP PRESERVATION GUILD ACTIVITIES.

I hereby give my consent for the participation of the above named applicant to participate in Philadelphia Ship Preservation Guild activities.

Signature: _____ Date: _____

Name/Relationship (please print) _____