

**Pickwick Sailing & Cruising Association
Member Registration Form**

Name _____

Spouse _____

Other family members _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone (s) _____

E-mail (s) _____

Boat Name _____

Boat Make/Model _____ Marina _____

For Racers: PHRF (if known) _____ Sail No. _____

___ Please include my information in the PSCA roster (distributed ONLY to members).

OR

___ Do NOT include my information in the PSCA roster.

Dues: Membership Pickwick Boat (\$30): _____

Spring race series (\$30): _____

Fall race series (\$30): _____

Associate Dues - for crew without boat - (\$15) _____

Total: _____

Make check payable to: Pickwick Sailing & Cruising Association

Mail checks and Registration Form to:

PSCA Secretary/Treasurer

5167 Mary Starnes Dr.

Memphis, TN 38117-2842

For more information please email us at nedsmithtn@cs.com