

2024

C.W.S.A MEMBERSHIP APPLICATION / RENEWAL FORM

New Members may submit their application to the Club at the P.O. Box or bring it to a new member orientation listed on Club calendar. All Members, including Senior Members, must complete this application annually. For further information contact Membership Secretary listed on the website: WWW.CWSAONLINE.ORG CENTRAL WHIDBEY SPORTSMEN'S ASSOCIATION, P.O. Box 711, Coupeville, WA 98239

Former Member

New Member

Regular Member
Renewing

Senior Member Renewing

Over 65 yrs. AND previous five continuous years of membership

PLEASE PRINT LEGIBLY

Name _____ Phone No. _____

Last First M.I.

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Date of Birth ____/____/____ Profession, Business, Specialty _____
Mo. Date Year

Primary Vehicle Make _____ License Plate No. _____

Club Use Only

Dues: New Member \$101.00 (Includes one key) Reg. member Renewal \$96.00. Senior member renewal \$48.00. Late renewal Re-instatement Reg. \$121.0, Senior \$73	+	Sr. member: 65 and older AND a member for the previous consecutive five years.
Renewing members with no club service in 2023 add \$50	+	Must be on the working party/RSO list provided by project coordinators
Key Replacement \$10.00	+	
Postage/Handling \$2.00 Off island residents only	+	Off island residents only. Island residents must renew in person
CWSA Donation	+	
Other	+	
SUB TOTAL		
TOTAL ADD 3.00% FOR CREDIT CARD USE		
	Cash <input type="checkbox"/>	Check No. <input type="checkbox"/> Credit Card <input type="checkbox"/>

I Certify, I am a citizen in good standing of the USA. I am not a member of any organization or group having as its purpose the overthrow by force or violence the Government of the United States or any of its political subdivisions; I have never been convicted of a crime of violence; and I can legally own, use and possess a firearm; and if admitted to membership, I will fulfill the obligation of good sportsmanship and good citizenship.

Member's Signature _____ Date _____

Printed Name of Associate _____
(Spouse or family member under 18) Last First M.I.

Signature of Associate _____ Date _____

DOB _____ Occupation/Specialty _____ www.cwsaonline.org

Cash Receipt _____ Data Base _____