

Membership Application - Finger Lakes (FLX) Chapter

(Fill this out, save it and email it to membership@abc-flx.org)

Primary Active Member Information *Please print or type* **O Active 18+** **O Apprentice (age 12-23)**

Name (First, Middle, Last)			DOB	
Mailing Address			Gender	
Cell Phone	Home Phone	Other Phone		
City, State, Zip			Spouse/Partner Name	
Email Address			Have you ever been a member of USPS/ABC? <input type="radio"/> YES <input type="radio"/> NO	
Personal Skills willing to share			Former SeaScout? <input type="radio"/> YES <input type="radio"/> NO	
Do you own a boat? <input type="radio"/> YES <input type="radio"/> NO	Boat Length	Boat Name	Boat Type (Power, Sail, etc.)	

Additional Active Member(s) *(Primary and Others must live in the same household)*

Name (First, Middle, Last)	Cell Phone	Have you ever been a member of USPS/ABC? <input type="radio"/> YES <input type="radio"/> NO	DOB
Email Address	Personal Skills		Gender
Name (First, Middle, Last)	Cell Phone	Have you ever been a member of USPS/ABC? <input type="radio"/> YES <input type="radio"/> NO	DOB
Email Address	Personal Skills		Gender
Name (First, Middle, Last)	Cell Phone	Have you ever been a member of USPS/ABC? <input type="radio"/> YES <input type="radio"/> NO	DOB
Email Address	Personal Skills		Gender

Volunteer areas: Areas I/we are willing to help the squadron succeed *Please check all that apply*
☐ Education/teaching ☐ Social Functions ☐ Communications ☐ Club Leadership ☐ Youth Programs ☐ Other _____

Signature 1 _____

Signature 2 _____

Signature 3 _____

Signature 4 _____ Referred by _____

Squadron Name		District #	Squadron Code
ExCom Approval Date	Authorized Signature (Membership Chair or Cd)	Authorized Signers Certificate #	