



***RENEWAL APPLICATION
OF
USWFA FACILITY MEMBERSHIP***

**YES! We Want to Renew Our USWFA Facility Membership for One Year.
Enclosed is Our \$97.00**

Name of Facility: _____

Facility Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Facility Email: _____

Please add my facility to Membership Directory on the USWFA Website:

Yes No

PAYMENT INFORMATION

Renewal of Facility Membership: \$97.00

Enclosed is my (our) check or money order in the amount of \$ _____ made payable to USWFA.

Bill My: Visa, Mastercard, American Express, Discover \$ _____

Account #: _____ Expiration: _____ Vin #: _____ (Back of Card)

Signature: _____

Mature Participant Manual

- Yes, I am renewing our membership, please send us a *free* Manual
 No, thank you, we do not care to receive the Manual

MAIL, FAX or CALL
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