

NATIONAL CERTIFICATION COURSE WATER WALKING INSTRUCTOR

Application/Order Form

General Information (please print legibly)

Name (as it will appear on certificate) _____ Age _____

Street Address _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Fax (____) _____ Email _____

Facility Where You Work or Participate _____

Facility Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____

Course Desired

_____ Primary Course

_____ Masters Course

Current National Water Fitness Instructor Certification (circle one): USWFA / YMCA / AEA

Certification Expiration Date _____

USWFA Membership Information (Check those that apply)

_____ I am not a USWFA Member

_____ I am a USWFA Individual Member (Expiration date _____)

_____ The facility where I work or participate is a USWFA Facility Member

Name of Facility _____

USWFA Facility Membership Expiration Date _____

Program Fees

Primary Course

Non Member \$197

Member \$157

(Add \$50 for all orders mailed out of the USA)

Important!

There are **NO REFUNDS** after your application and payment have been received at USWFA National Headquarters and we have mailed your materials.

Payment Information

Please choose a form of payment:

_____ Enclosed is my check or money order made payable to the **United States Water Fitness Association** in the amount of \$ _____

Visa _____ MasterCard _____ American Express _____ Discover _____

Card # _____ Exp Date _____ Security Code _____

Name on card _____

Signature _____

United States Water Fitness Association
P.O. Box 3279
Boynton Beach, FL 33424
Phone: 561-732-9908, Fax: 561-732-0950
E-mail: info@uswfa.com