



Missouri Water Ski Federation

Membership Application

www.mwsf.org

Name: _____

Street/Route/Apt: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____
(Your E-Mail address is needed to keep you informed of Missouri Water Ski Federation business.)

Phone #: _____ Work / Cell #: _____

Please select one: ☐ **Individual Membership \$ 10** ☐ **Family Membership \$20**

Signed: _____ **Date:** _____

Parent or guardian signature if applicant is under the age of 18, or head of household for Family Membership.
Please review the by-laws of the Missouri Water Ski Federation.

Names and ages of family members: _____ Age: _____

_____ Age: _____

_____ Age: _____

☐ **Club Membership \$20** Name of Club: _____

Contact Name: _____ Phone #: _____

Associate memberships are available to manufacturers, sporting goods dealers, marine operators or other persons or businesses involved in water skiing, waters safety and good sportsmanship.

☐ **Associate Membership \$20** Name of Business: _____

Address: _____

Contact Name: _____ Phone #: _____

Web Address: _____

Please make check payable to: **Missouri Water Ski Federation**

Mail to: Sara Nicely
736 Shallowcreek View
Manchester, MO 63021

Promoting the Safety and Good Sportsmanship of Missouri Water Sports