

Office Use Date Received: _____
Payment: _____
Exp: _____

HRWA

MEMBERSHIP APPLICATION & RENEWAL

Name: _____

Address: _____

Apt# or RD: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Is this a **change** of address/phone/email? Yes No

Is this a **renewal**? Yes No

Number of Memberships (\$35 per household) _____

Number of Renewals (\$25 per household) _____

Contributor Levels: \$50 Contributor, \$100 Patron, \$1,000 and above Saint.

What type of boat(s) do you have? _____

How did you learn about the HRWA? _____

Comments, questions, concerns, unique environmental issues in your area? _____

I prefer NOT to receive HRWA announcements and communications via email

Please Include Membership Dues and Mail to:

HRWA
Attn: Membership Chair
P.O. Box #110
245 Eighth Ave.
New York, NY 10011

Please allow 4 to 6 weeks for processing and mailing back of membership materials.