



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

**YES! We Want to Renew Our USWFA Facility Membership for One Year.  
Enclosed is Our \$125.00**

**Name of Facility:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**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: \$125.00**

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:** \_\_\_\_\_

- Yes, I am renewing our membership, please send us a *free Mature Participant Manual*
- Yes, please send me my 200 free folders. (see back of this form for ordering)

**MAIL, FAX or CALL**

**United States Water Fitness Association**

**PO Box 243279, Boynton Beach, FL 33424-3279**

**Phone: 561-732-9908 Fax: 561-732-0950 Email: info@uswfa.org**