



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: Sabrina Kowalik
25702 Shady Brook Lane
Lee's Summit, MO 64086

**Promoting the Safety and Good Sportsmanship of
Missouri Water Sports**