

**Membership application, mail to:**

**ANNE ARUNDEL WATERMEN'S ASSOCIATION**

**P.O. BOX 574**

**CHURCHTON, MD. 20733**

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

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

\_\_\_\_\_

**Zip code:** \_\_\_\_\_

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

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

**Commercial License number** \_\_\_\_\_

**Member type, check one**     **professional \$30.00/year**

**associate \$20.00/year**

**junior \$10.00/year**

**Make checks payable to: Anne Arundel Watermen's Association**

**Website:** [www.aawatermen.org](http://www.aawatermen.org)

**Email:** [aawatermen@yahoo.com](mailto:aawatermen@yahoo.com)