



# United States Maritime Academy

## Port Townsend Renewal Registration

**Class Location** \_\_\_\_\_ **Dates** \_\_\_\_\_

**Name** (printed as it will appear on license)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Address**

Street /PO \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**E Mail** \_\_\_\_\_

**Age** \_\_\_\_\_

**Citizenship** \_\_\_\_\_

### How did you hear about U.S. Maritime Academy?

Web Site  Flyer  USCG  Media

Facebook  Friend  Work  Other

Please register me in the class specified above. I include a \$30.00 deposit to reserve my place in class and be applied toward tuition.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_ **Deposit** \_\_\_\_\_

Send to: USMA / P.O. Box 165 / Nordland / WA / 98358 or  
Scan / pic and email to: usmaoffice@olympen.com  
Checks payable to: USMA / P.O. Box 165 / Nordland / WA / 98358