



United States Maritime Academy

Port Townsend Registration Renewal Class

Renewal Class: _____ **Dates** _____

Name (printed as it will appear on license)

Last _____ First _____ MI _____

Address

Street /PO _____

City, State _____

Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

E Mail _____

Age _____

Citizenship _____

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

Web Site Magazine Friend Coast Guard

Newspaper Flyer Work Other

Please register me in the class specified above. I include a \$20.00 deposit to reserve my place in class and be applied toward tuition.

Signed **Date**..... **Deposit**

Send checks payable to: USMA / P.O. Box 165 / Nordland / WA / 98358