



Flagler Sportfishing Club Membership Application

First / Last Name _____ **Referred by:** _____

(Refer 3 & receive Fishing Shirt with your name)

Email _____ **Age:** 18-30 31-50 51-65 66+

Spouse / Partner Name: _____

Email _____

Children's Names/Ages/Gender (First Last, Age, Gender, Under Age 21) 1. _____

2. _____ 3. _____ 4. _____

Address: _____

City: _____ **State:** ____ (FL) **Zip:** _____

Phone Number (Mobile) (_____) _____

Do You Own a Boat? Yes No

Type of Boat? Flats Boat under 21' Bay / Center Console 22-27' Offshore 28-34' Offshore Over 35'

Kayak Other _____

Volunteer for Club Activities: Club Officer Club Director Committee Member Tournaments

I acknowledge that periodic newsletters, announcements and information about our Club and Club sponsors will be communicated to me via email.

I acknowledge the following waiver of liability as a condition of participation in the Flagler County Sportfishing Club. For good and valuable consideration on behalf of myself, my heirs, executors and administrators, I do hereby release and forever discharge the Flagler County Sportfishing Club, its officers and directors from any liability for injuries of damage arising from a Flagler County Sportfishing Club activity.

I acknowledge that Club Dues are \$70 annually (for new members dues are prorated quarterly starting in the 2nd Qtr. at \$60 and \$50 in the 3rd & 4th Qtr. The Club Year runs from April 1 – March 31 of each year. Join in Jan and get 3 months Free. In addition, this is a family membership for spouses/partners and children under 21 years of age.

I acknowledge that at this clubs events or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Flagler Sportfishing Club & its Sponsors.

Make Checks Payable or Mail to:

Flagler Sportfishing Club
P.O. Box 353383
Palm Coast, FL. 32135-3383
www.flaglersportfishing.com

Amount enclosed: \$ _____

Applicant Signature _____ **Date** _____

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