



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/Birthdate/Gender (First Last, Birth Yr, Under Age 21) 1. _____

2. _____ 3. _____ 4. _____

Address: _____

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

Phone Number (Mobile) (_____) _____

Do You Own a Boat? Yes No

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, the year runs January through December of each year. For new members' dues are prorated quarterly starting in the Second Quarter and again in the Third & Fourth Qtr. 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 / Videoed, and 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 _____

Ed. 12.28.2022