



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, Birthdate, Gender, Under Age 18)

1. _____ DOB: _____ Gender: _____+

2. _____ DOB: _____ Gender: _____

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

(Check all that you have interest in)

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. For new member, dues are prorated quarterly starting in the second quarter and again in the third & fourth quarter. In addition, this is a family membership for spouses/partners and children under 18 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.

I AGREE to adhere to the Flagler Sportfishing Club's Bylaws and Code of Conduct

Make Checks Payable or Mail to:

Flagler Sportfishing Club

P.O. Box 353383

Palm Coast, FL. 32135-3383

www.flaglersportfishing.com

Amount enclosed: \$ _____ Ck# _____ Cash _____ Credit Card _____

Edited:7/10/2024