



SEACOAST ANGLERS ASSOCIATION

MEMBERSHIP APPLICATION



Please Print Clearly

DATE: _____

NAME _____ SPOUSE _____

FAMILY MEMBERS _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PRIMARY PHONE# (____) _____ Circle one: CELL HOME WORK

EMAIL _____ SPONSOR _____

1. Do you own a boat? Yes ___ No ___

What is the name of your boat? _____

Type of boat? _____

2. I will be able to serve on the following committees: (check all that apply)

Activities ___ In-House Tournament ___ Surf/Pier Tournament ___

HOOK-a-Kid on Fishing program ___ Monofilament Recycling ___ Website/FaceBook ___

Newsletter ___ Political Action ___ Fundraising ___ Christmas Party/Awards ___

Meeting Setup & Clean-up ___ Membership/Welcome ___ Leaderboard ___

Guest Speaker ___ Rules ___ Willing to serve on Executive Board ___

Members Receipt - Cut Here

Mail address: Seacoast Anglers Association • PO Box 510 • North Myrtle Beach, SC • 29597

WEBSITE: www.seacoastanglersassociation.com EMAIL: SeacoastAnglers@aol.com

Meetings: 3rd Monday of each month at 6:30PM.

Place: VFW Post 10804 • Rt 57 & Rt 9 • Little River, SC

Yearly Membership Dues \$60.00 per family.....

New members July 1 to December 31 \$30.00 per family.....

Amount Paid \$ _____ Date _____ Rec. By _____ Published 01/23/2019