

SEACOAST ANGLERS ASSOCIATION

MEMBERSHIP APPLICATION

DATE _____

.....

Please Print

NAME _____ SPOUSE _____

FAMILYMEMBERS _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE# _____ CELL PH# _____

EMAIL _____ SPONSOR _____

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

What is the name of your boat? _____


Type of boat? _____

2. Have you ever belonged to a fishing club? Yes ___ No ___

3. I will be able to serve on the following committees: Nominating ___ Audit ___

In-House Tournament ___ Christmas Party ___ Meeting Setup & Clean-up ___ Fund Raising ___

Membership ___ Activities ___ HOOK a Kid on Fishing program ___ Monofilament Recycling ___

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 6:30 PM.

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 _____