

VIRGINIA BEACH ANGLER'S CLUB MEMBERSHIP APPLICATION

DATE: _____

MEMBER: _____
FIRST NAME *LAST NAME*

SPOUSE: _____
FIRST NAME *LAST NAME*

CHILDREN UNDER 18 YEARS OF AGE:

AGE: _____

AGE: _____

AGE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

E MAIL ADDRESS: _____

BOAT NAME: _____

TYPE OF MEMBERSHIP: FAMILY (\$30) INDIVIDUAL (\$20)

PAID: CASH _____ CHECK # _____

I AGREE TO HAVE MY NAME, SPOUSE'S NAME, HOME ADDRESS, HOME PHONE NUMBER, CELL PHONE NUMBER, E-MAIL ADDRESS AND BOAT NAME PUBLISHED IN A YEARLY MEMBERSHIP DIRECTORY (CROSS OUT AREAS THAT YOU WOULD NOT LIKE TO SEE PUBLISHED). INFORMATION WILL NOT BE RELEASED TO COMMERCIAL ENTERPRISES. USE IS FOR INFORMAL CLUB COMMUNICATION ONLY.

(PRINT NAME)

(SIGNATURE)

(DATE)