

VIRGINIA BEACH ANGLER'S CLUB

2016 MEMBERSHIP FORM

DATE JOINED VBAC

MEMBER _____
FIRST LAST BIRTHDAY

SPOUSE _____
FIRST LAST BIRTHDAY

CHILDREN UNDER 18 _____
NAME BIRTHDAY AGE

NAME BIRTHDAY AGE

NAME BIRTHDAY AGE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

BOAT YES NO LENGTH _____ NAME _____

FISHING PREFERENCE SALT _____ FRESH _____ SURF _____ ALL _____

FISHING EXPERIENCE BEGINNER _____ NOVICE _____ EXPERIENCED _____

MEMBERSHIP (\$30) PAID _____

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 YOU WOULD NOT LIKE TO SEE PUBLISHED). INFORMATION WILL NOT BE RELEASED TO COMMERCIAL ENTERPRISES. USE IS FOR INFORMAL CLUB COMMUNICATION ONLY.

(PRINT NAME)

(SIGN NAME)

(DATE)