



MEMBERSHIP APPLICATION

E-mail: tarponspringsriverrats@gmail.com

Annual membership dues: ♦ Individual \$30.00 ♦ Family \$40.00 (Renew on anniversary date each year.)
(PLEASE PRINT CLEARLY)

Name: _____ Spouse Name: _____

E-Mail Address: _____ @ _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: (____) _____ Cell: (____) _____

Boat: Name: _____ Make: _____ Length: _____

Are you willing to take others on your boat? _____ Do you carry insurance on your boat? _____

Family Membership: please list minor children below:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Are you a member of any other Angling Association/Club/ Etc.?

Yes _____ No _____ if yes please name: _____

I would not like to receive Club news/notifications/updates via e-mail _____

Please check areas that you would be interested in volunteering:

Setting up/Tearing down _____

Food/Beverages _____

Photography/ Media _____

Activities/Events _____

Tournaments _____

BY SIGNING BELOW YOU ARE ACKNOWLEDGING THE FOLLOWING:

- I GIVE MY PERMISSION FOR PHOTOGRAPHY AND/OR VIDEO BE TAKEN AND USED FOR MEDIA PURPOSES
- I AGREE TO RECEIVE EMERGENCY FIRST AID IN THE EVENT OF AN ACCIDENT SHOULD IT BE NECESSARY
- I UNDERSTAND THAT THE LIABILITY WAIVER MUST BE SIGNED, DATED AND RETURNED
- I AGREE TO ABIDE BY THE RULES AS SET FORTH BY THE TSFC BOARD OF DIRECTORS

MEMBER SIGNATURE _____ DATE _____

For administrative use only

MEMBER HAS SIGNED/DATED THE LIABILITY WAIVER

INITIALS _____

MEMBER HAS PAID ANNUAL DUES IN FULL

INITIALS _____

NOTES:

SECRETARY SIGNATURE _____