



For Office Use Only	
Member #: _____	New _____
Membership Type: _____	Renewal _____
Amount Paid: _____	Date Paid _____
MOP: _____ (Cash, Check)	
Receipt #: _____	

Weeki Wachee Anglers, Inc. Application Form

PLEASE PRINT, complete form legibly and mail, along with check payable to Weeki Wachee Anglers, Inc., to the Secretary (see address below) or bring completed form to next scheduled meeting (see Calendar of Events page on our website www.weekiwacheeanglersinc.com for next scheduled meeting date/time/location)

Annual dues (Check one) _____ \$25 per Individual / year _____ \$35 per Family / year
 January-December (Household of 2)

Date of Application: _____

(If applying for Family Membership, please provide Applicant #2 information living in same household)

Applicant #1 First Name: _____ Applicant #2 First Name: _____

Applicant #1 Last Name: _____ Applicant #2 Last Name: _____

Applicant #1 Street Address: _____

Applicant #1 City/State/Zip : _____

Applicant #1 Phone No: _____ Applicant #2 Phone No.: _____

Applicant #1 Email: _____ Applicant#2 Email: _____

What are your interests: inshore fishing offshore fishing freshwater kayaking social functions

What is your area of expertise (ex: accountant, legal, marketing, etc)

Do you own a boat? YES NO

Are you a Permanent Resident or a Seasonal Resident? PERMANENT SEASONAL

I give my permission to have my:

- | | <u>Applicant #1</u> | <u>Applicant #2</u> | | |
|---|--|--|--|--|
| 1. phone # posted to the Member Directory on weekiwacheeanglersinc.com | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. email posted to the Member Directory on weekiwacheeanglersinc.com | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant #1 Signature _____

Applicant #Signature _____

Date _____

Date _____

For further information please contact:

Anglers
 Ron Auger, President
 207-608-5442
auger.ronald@gmail.com

Mail Application To: **Check to: Weeki Wachee**

Marsha Danielson
 2080 Reef Court
 Spring Hill, FL 34606
weekiwacheeanglerssecretary@gmail.com