



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](http://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 <a href="http://weekiwacheeanglersinc.com">weekiwacheeanglersinc.com</a> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. email posted to the Member Directory on <a href="http://weekiwacheeanglersinc.com">weekiwacheeanglersinc.com</a>   | <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:  
 Ron Auger, President  
 1-207-608-5442  
[auger.ronald@gmail.com](mailto:auger.ronald@gmail.com)

Mail Application To: **Check to: Weeki Wachee Anglers**  
 Ron Auger  
 7350 Staghorn Drive  
 Spring Hill, FL 34606  
 1-207-608-5442  
[weekiwacheeanglerssecretary@gmail.com](mailto:weekiwacheeanglerssecretary@gmail.com)