



# MEMBERSHIP APPLICATION

Located At: Sailfish/Finest Kind Marina, 3585 SE St. Lucie Blvd., Stuart, FL 34997  
Mailing Address: P.O. Box 1498, Port Salerno, FL 34992 Ph (772) 286-9373 Fx: (772) 286-0415  
e-mail: [sailfish@stUARTSailfishclub.com](mailto:sailfish@stUARTSailfishclub.com) Website: [www.stUARTSailfishclub.com](http://www.stUARTSailfishclub.com)

**PLEASE MAKE SURE YOU PUT YOUR CORRECT EMAIL ADDRESS**  
**Application is hereby made for membership in the Stuart Sailfish Club as a:**

\_\_\_\_\_ Individual (\$130) \_\_\_\_\_ Family\* (\$150) \_\_\_\_\_ Charter Boat (\$200)

*(Family membership is for spouses and children under 21 and living at home)*

\_\_\_\_\_ Junior Only (\$15 for age 15 & Younger) \_\_\_\_\_ Business\*\*(\$350) \_\_\_\_\_ Lifetime (\$1000)

**(Lifetime memberships are available through Individual or Family guidelines.)**  
Memberships are not transferable.

### Member Information:

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address: Street Line 1: \_\_\_\_\_

Street Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

Fax: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

**List all Boats over 15 feet:** Cell Phone (\_\_\_\_) \_\_\_\_\_ (Optional)

Boat Name: \_\_\_\_\_ Builder: \_\_\_\_\_ Length (ft.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **\*If membership is Family please list minor children below:**

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

**\*\*If membership is Business please include business name:** \_\_\_\_\_

**Membership may include the no charge e-Member option:** Check applicable services

\_\_\_\_\_ I would like to receive noteworthy Club news via e-mail.

\_\_\_\_\_ I will rely on the Club's e-mail and Internet Website for Club information and do not require Newsletter Mailings.

\_\_\_\_\_ I agree to have my e-mail address used only for official Club business.

\_\_\_\_\_ I agree to have my e-mail address listed in the Club Membership Directory.

**PAYMENT METHOD** Check # \_\_\_\_\_ **VISA** \_\_\_\_\_ **MASTERCARD** \_\_\_\_\_ **AMERICAN EXPRESS** \_\_\_\_\_

**Name of Cardholder** \_\_\_\_\_ **Cardholder Signature** \_\_\_\_\_

**Credit Card Account Number** \_\_\_\_\_ **Expiration date (month/year)** \_\_\_\_ / \_\_\_\_

Complete this form and mail with a check for your next year dues to the Stuart Sailfish Club

**Office use only:**

**Date Received** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_ **In computer**

(Rev. 1/1/11)