



## MEMBERSHIP APPLICATION

Located At: Pirates Cove Resort & Marina, Port Salerno, Florida

Mailing Address: P.O. Box 1498, Port Salerno, FL 34992

Phone (772) 286-9373 Fax: (772) 286-0415

e-mail: [sailfish@stUARTSAILFISHCLUB.COM](mailto:sailfish@stUARTSAILFISHCLUB.COM) / Website: [WWW.STUARTSAILFISHCLUB.COM](http://WWW.STUARTSAILFISHCLUB.COM)

**Application is hereby made for membership in the Stuart Sailfish Club as a:**

\_\_\_\_\_ Individual (\$65) \_\_\_\_\_ Family\* (\$75) \_\_\_\_\_ Charter Boat (\$100)  
\_\_\_\_\_ Junior Only (\$15 for age 15 & Younger) \_\_\_\_\_ Business\*\*(\$300) \_\_\_\_\_ Lifetime (\$1000)

**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:**

<u>Boat Name:</u>	<u>Builder:</u>	<u>Length (ft.)</u>
_____	_____	_____
_____	_____	_____

**\*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 Newsletter 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 Yearbook.

**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** \_\_\_\_\_