

CAST AWAY ANGLERS MEMBERSHIP APPLICATION

Individual Membership - \$25.00 (make checks payable to Cast Away Anglers)

Send to: Cast Away Anglers Club, PO BOX 5011, Sun City Center, Florida 33571-5011

Last Name: _____

First Name: _____ Nickname _____

Significant Other's Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

E-mail Address: _____ @ _____

Home Phone (Include area code) (_____) _____

Mobile Phone (Include area code) (_____) _____

Best way to contact you: Home Phone Mobile Phone Email Postal Service

Freedom Boat Club Member (circle one): YES NO

Boat Owner (circle one): YES NO

Type Boat: _____ Length: _____ Capacity: _____

Boat Location (Trailer, marina, etc.): _____

Fishing Days: Weekends Week Days All

Fishing Preferences and Special Interest (circle one or more):

Saltwater – Offshore – Inshore – Surf Fishing – Flats Fishing – Kayak Fishing

Wade Fishing – Fly Fishing – Fresh water – Other _____

----- to be completed by CAAFC Staff -----

2015 Dues Paid: Date: _____ Check #: _____ Cash: _____

Received by: _____ Membership Card Issued Date: _____