



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 Website: 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 (\$65) _____ Family* (\$75) _____ Charter Boat (\$100)

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

_____ Junior Only (\$15 for age 15 & Younger) _____ Business**(\$300) _____ 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. 11/21/09)