



**ASSOCIATE
MEMBERSHIP APPLICATION
DUES: \$150**

NAME _____
FIRST MI LAST

SPOUSES NAME _____

ADDRESS _____
STREET CITY STATE ZIP CODE

EMAIL ADDRESS _____

PHONE NUMBERS
HOME _____ BUSINESS _____

DO YOU REGULARLY FISH WITH A GENERAL MEMBER? IF YES, WHICH ONES? _____

I AM APPLYING TO BECOME:
ASSOCIATE MEMBER (DUES \$150) _____

NAME OF MEMBER TO SPONSOR YOU _____

DATE: _____ SIGNATURE _____

MAKE CHECKS PAYABLE TO: NE FLORIDA MARLIN ASSOCIATION and mail to:
NEFMA
3030 Harbor Dr.
St. Augustine, FL 32084