



**SPONSOR
MEMBERSHIP APPLICATION
DUES: \$200**

NAME _____
FIRST MI LAST

ADDRESS _____
STREET CITY STATE ZIP CODE

EMAIL ADDRESS _____

PHONE NUMBERS
HOME _____ BUSINESS _____

I AM APPLYING TO BECOME:
SPONSOR MEMBER (DUES \$200) _____

SPONSOR INFORMATION: NAME TO BE DISPLAYED _____
ADDRESS _____
WEBSITE _____

DATE: _____ SIGNATURE _____

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