CAPE CORAL TARPON HUNTER'S CLUB

MEMBERSHIP APPLICATION

*Print, complete, and mail with payment to: Cape Coral Tarpon Hunter's Club*

 *1616 W.Cape Coral Pkwy, Ste 102*

 *Mail Box #130, Cape Coral, FL. 33914*

*Date:*

Name: Date of Birth:

Show name as you want it on roster

Address: City: State: Zip: Home Phone: Cell: Other: E-Mail Address: **PLEASE SEND EMAIL TO:**

**6SWEATHOG@GMAIL.COM with *“*NEW MEMBER*”* in subject line informing that your application and payment are in the mail.**

Annual Dues: ( ) $40.00 Single ( ) $45.00 Family ( ) Check # ( ) Cash

Family Memberships

Spouse Name: Date Of Birth: Dependent Children or Grandchildren Under 18 years of age on March 1

Name: DOB: Relationship: Name: DOB: Relationship: Name: DOB: Relationship: Name: DOB: Relationship:

Name: DOB: Relationship: ( ) Renewal ( )New Member: How did you hear about club?

Boat Name: Do you have a VHF Radio? Sponsored by:

Board Approved Date:

Rev:1/21/2022