



North Florida Gulf Fishing Club Membership Application

Today's Date ___/___/___

Sex: Male Female

Name _____

Date of Birth ___/___/___

Street _____

Apt # _____

City _____

State _____ Zip _____ - _____

Phone (____) ____ - _____

Email _____

Family Members' Names

Gender

Date of Birth

Male Female

___/___/___

Male Female

___/___/___

Male Female

___/___/___

Male Female

___/___/___

Annual Membership Dues: \$40 per family

Memberships expire at the end of each calendar year.

Your membership includes

- North Florida Gulf Fishing Club hat
- Post-tournament meals for the tournament season
- Discounted tournament entry fees for the tournament season
- Discounts at many of our club sponsors

Please address your stamped envelope to:

NFGFC, Inc.
3201 Shamrock St. South, Suite 101
Tallahassee, FL 32309