

Port Hudson Fishing Club

MEMBERSHIP APPLICATION FORM

~2008~

Name: _____

Address: _____

Telephone number: _____

E-mail: _____

Boat: ___ YES ___ NO

Length: _____ Type: _____

Offshore: _____ Flats: _____ VHS: _____

DSC: ___ YES ___ NO Call Sign: _____

Dues Paid: ___ YES ___ NO

Individual \$40.00 _____ Family \$50.00 _____

Signature: _____ Date: _____

Rec'd By: _____ Date: _____

Please make checks payable to

Port Hudson Fishing Club

Mail to: Treasurer/Frank Nardi
10301 Palmgren Lane
Springhill Fl.34608