

APPLICATION FOR MEMBERSHIP for year 20____
(please print)

Name: _____

Address: _____

City, State, ZIP _____

Mobile Ph#: _____ Home Ph#: _____

E-Mail: _____

Sponsor _____

Make check payable to: Tidewater Anglers Club

Enclosed is: Check Cash PayPal

\$35.00 Individual Membership

\$40.00 Family Membership

\$45.00 Extended Family Membership

My name Address Phone Email
may be printed in the club's Membership Roster.

Please mail to:

Tidewater Anglers Club

P.O. Box 55312

Virginia Beach, VA 23471-9312

or Email to: tidewateranglers@gmail.com

www.tidewateranglersclub.org

<https://www.facebook.com/TidewaterAnglersClub>

(Revised 10/24)