

**APPLICATION FOR MEMBERSHIP**

for year 20\_\_  
(please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Make check payable to: Tidewater Anglers Club

Enclosed is: Check  Cash

\$25.00  Individual Membership

\$30.00  Family Membership

\$35.00  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

[www.tidewateranglersclub.org](http://www.tidewateranglersclub.org)

Revised 02/13