

# SOUTH CAROLINA SALTWATER SPORTFISHING ASSOCIATION

A NON-PROFIT ORGANIZATION

P.O. Box 60073

North Charleston, South Carolina 29419-0073



## MEMBERSHIP APPLICATION

Please Print **CLEARLY** or Type and Complete **ALL** Information Requested

Date: \_\_\_\_\_

### APPLICANT INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

Number Of Years A Member: \_\_\_\_\_

Type Of Membership Requested:

\_\_\_ FAMILY MEMBERSHIP \_\_\_ SINGLE MEMBERSHIP  
\$60.00 Per Year \$40.00 Per Year

If Applying For Family Membership Please List:

Spouse/Companion's Name: \_\_\_\_\_

Spouse's Business Phone Number: \_\_\_\_\_

Number of Members in Immediate Family: \_\_\_\_\_

### IN CASE OF MARINE EMERGENCY, PLEASE NOTIFY:

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

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### COMMITTEE INTEREST

Please Check If You Are Willing To Help

- \_\_\_ Club Officer  
\_\_\_ Board Of Directors  
\_\_\_ Membership Committee  
\_\_\_ Tournament Committee  
\_\_\_ Meetings & Programs Committee

### Optional:

Your Occupation & Name Of Business

\_\_\_\_\_  
\_\_\_\_\_

Tee Shirt Received By:

\_\_\_\_\_

PLEASE MAKE CHECKS  
PAYABLE TO:  
**S.C.S.S.A.**

Remit To:

**S.C.S.S.A.**

Applications Committee

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### BOAT INFORMATION (OPTIONAL)

Do You Own A Boat? \_\_\_ Yes \_\_\_ No \_\_\_ Partnership

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

Size: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_

If You Do Not Own...Name Of Boat You Crew On:

\_\_\_\_\_

This Section  
To Be Completed By The  
S.C.S.S.A.

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_