

DESTIN FISHERMEN'S FOUNDATION, INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Phone: Home

Cell

Work

Occupation:

E-mail:

Family Membership if requested

Spouse Name:

Phone: Home

Cell

Work

Children:

Membership Type

I. Fisherman's Membership (Voting) []

Lifetime Membership \$10.00 (Suggested Donation)

II. Associate Membership (Non-Voting) []

Business or Non Fisherman \$25.00 (Suggested Annual Donation)

****With your membership donation you get a Destin Fishermen's Foundation, Inc. Sticker****

Signature

Signature:

Date:

All information will be reviewed by the Board of Directors. All money will be deposited and used in accordance with the Foundation's mission statement.
No information from this form will be shared or sold.