



# MEMBERSHIP APPLICATION FORM



## Mission

The general purposes of the association shall be to promote fresh and saltwater angling from both boats and beach; to foster and conduct fishing tournaments of all kinds; to promote and encourage conservation of marine fisheries and the preservation and maintenance of beaches, marshlands, etc.; to provide and maintain a suitable club house for recreation and use of its members.

## POTENTIAL MEMBER INFORMATION

(PLEASE PRINT)

Date of Application: \_\_\_\_\_ SPONSOR # 1: \_\_\_\_\_  
 SPONSOR # 2: \_\_\_\_\_

Name in Full: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and Birth Dates of Children **Under 18:**  
 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_

E-Mail: \_\_\_\_\_  
 Spouse or Alternate E-Mail (for E-News): \_\_\_\_\_

Cape Address: \_\_\_\_\_ Dates at this address: \_\_\_\_\_  
 Off Cape Address: \_\_\_\_\_ Dates at this address: \_\_\_\_\_

Occupation & Employer \_\_\_\_\_

What types of fishing activities are of interest to you?  
 \_\_\_ Offshore \_\_\_ Inshore \_\_\_ Surfcasting \_\_\_ Freshwater \_\_\_ Fly-fishing \_\_\_ Other

Please list your boat(s) name, model & length:

Boat Name \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_  
 Boat Name \_\_\_\_\_ Model: \_\_\_\_\_ Length: \_\_\_\_\_

<u>Category</u>	<u>Annual Dues</u>	<u>Initiation Fee</u>
Regular Membership		
Family	\$550	\$600*
Single	\$325	\$600*
Senior (70+)		
Family	\$550	None
Single	\$325	None
Grandchildren (1-18)	\$100	None
Member Sponsored Youth (1-18)	\$100	None

\* Initiation fee of \$600 can be paid at \$300 per year over a two-year period. An option of one payment of \$500 is acceptable if paid at the time of joining the OAC..

If accepted for membership, I agree to abide by the By-laws, Regulations and Rules of the Club. I understand membership does not begin until I have satisfied the financial obligation of membership.

Signed \_\_\_\_\_

All members must participate in the work of the Club by serving on one of the volunteer committees. Please indicate below which committee is of interest to you. Upon approval of your membership, the Committee Chair will be in contact with you.

Corp. Sponsorship       Activities/Socials       Facility       Youth  
 Membership       Tournaments       Education/Seminars

**APPLICANTS COMMENTS:** Tell us about yourself. What type of fishing do you do, what are your other interests, what talents or skills you have that would be helpful to the club.

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**SPONSORING MEMBER #1:** Tell us why this applicant will be a good member.

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\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**SPONSORING MEMBER #2:** Tell us why this applicant will be a good member.

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\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Please complete both sides of this application, and mail or fax to:

OSTERVILLE ANGLERS' CLUB  
 PO BOX 395  
 OSTERVILLE MA 02655