



**APPLICATION FOR  
MEMBERSHIP  
PLEASE SUPPLY A  
PHOTO WITH  
APPLICATION**

P.O. Box 22  
Islamorada, FL 33036  
305-664-4735  
Fax: 305-664-8060  
[www.theislamoradafishingclub.com](http://www.theislamoradafishingclub.com)

Corporation Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Local Address: \_\_\_\_\_ Local Phone(\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email#1: \_\_\_\_\_ Email#2 \_\_\_\_\_

**Do you reside in Monroe County more than 120 days a year:**  Yes  No Education: \_\_\_\_\_

**Do you own or rent property in Monroe County:**  Rent  Own  No Occupation: \_\_\_\_\_

Clubs, Lodges, Fraternities, etc: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Office \_\_\_\_\_

I hereby apply for membership in The Islamorada Fishing Club, Inc., and certify that the forgoing statements are true and if elected, agree to adhere to the constitution and by-laws of the club, including the annual minimum food and beverage charge, if applicable.

Date \_\_\_/\_\_\_/\_\_\_ Applicant Signature: \_\_\_\_\_

**Proposed by Equity Members:**

Print: 1) \_\_\_\_\_ Member Signature: \_\_\_\_\_

Print: 2) \_\_\_\_\_ Member Signature: \_\_\_\_\_

**Membership Category Applied for:** \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Approved \_\_\_\_\_

(MEMBERSHIP CHAIRMAN)

Please submit this application with a check that includes the \$100.00 application fee (except limited memberships), plus your first year's dues. We can also bill your credit card on file.

Membership Class	Annual Membership Dues Assessment	Annual Food & Beverage Minimum	Initiation Fee	New Building Assessment
Regular/Equity	\$1250.00	\$1250.00	\$500.00	\$11,000.00
Non- Resident	CLOSED	CLOSED	CLOSED	CLOSED
Guides/Captains	\$275.00	275.00	None	\$5500.00
Corporate/Equity - Resident	\$2100.00	None	\$500.00	\$16,500.00
Corporate - Non Resident	\$2100.00	None	\$500.00	\$16,500.00
Intermediate Age 21 -35	\$ 425.00	\$425.00	\$500.00	\$11,000.00
Life/Equity (One time)	See Manager for	Restrictions		

**CREDIT CARD BILLING:**

I authorize The Islamorada Fishing Club to charge my monthly charges to my:

American Express  Discover  Visa  MasterCard

**Credit Card #:** \_\_\_\_\_ **Expiration Date** \_\_\_/\_\_\_/\_\_\_ Code \_\_\_\_\_

I understand I may cancel this authorization at any time upon written notice, and I can change to another credit card at any time by signing a new authorization form.

**Cardholder's Signature:** \_\_\_\_\_

Date of Birth Member \_\_\_/\_\_\_/\_\_\_ Date of Birth Spouse \_\_\_/\_\_\_/\_\_\_ Wedding Anniversary \_\_\_/\_\_\_/\_\_\_  
MONTH DAY MONTH DAY MONTH DAY

After approval by the Membership Committee, the by-laws require the application be posted for two weeks. Thereafter, the application will be presented to the Board of Directors for approval.

Members agree to pay for all costs incurred by The Islamorada Fishing Club, Inc. (“Club”) with respect to the collection of past due sums owed by Members to the Club. Members are required to sign all checks and have an active credit card on file for billing purposes.

If the Club brings an action for recovery of monies due under the provisions of this membership contract, or because of the Member’s breach of other covenants or conditions contained in the membership contract, Member agrees to pay the Club court costs and reasonable attorney’s fees, to be fixed by the court.

The laws of Florida shall govern this contract, where The Islamorada Fishing Club, inc. is located, and any litigation concerning this contract between the parties hereto shall be initiated in the venue of Monroe County, Florida where the Islamorada Fishing Club, inc. is located.

The above applicant understands and agrees to all of the terms and conditions of the membership application and agrees to be both corporately and personally responsible for all such terms and conditions.

REVISED 11/23