



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

P.O. Box 22
Islamorada, FL 33036
305-664-4735
Fax: 305-664-8060
www.theislamoradafishingclub.com

ASSOCIATE I.F.A.C.T.

ASSOCIATE I.G.F.A.

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.

<i>Membership Class</i>	<i>Annual Membership Dues Assessment</i>	<i>Annual Food & Beverage Minimum</i>	<i>Initiation Fee</i>
Regular/Equity	\$1100.00	\$1100.00	\$500.00
Non Resident	\$750.00	\$750.00	\$500.00
Guides/Captains	\$250.00	\$250.00	None
Corporate/Equity - Resident	\$1900.00	None	\$500.00
Corporate Non Resident	\$1900.00	None	\$500.00
Spouse Privilege	\$550.00	\$550.00	Closed
Intermediate	\$375.00	\$375.00	\$500.00
Summer (May 1-Oct 31 only)	\$600.00	None	None
Limited Membership (2 Week Membership)	\$200.00	None	None
Life/Equity (One time)	See Manager for Restrictions	None	None

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.