



**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

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 | \$1500.00 | \$1500.00 | \$500.00 | \$15,000.00 |
| Non- Resident | CLOSED | CLOSED | CLOSED | CLOSED |
| Guides/Captains | \$300.00 | 300.00 | None | \$6000.00 |
| Corporate/Equity - Resident | \$2500.00 | None | \$500.00 | \$20,000.00 |
| Corporate – Non Resident | \$2500.00 | None | \$500.00 | \$20,000.00 |
| | | | | |
| 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

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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