

To maintain up to date membership information please complete this form, click the "Print Now" button at the bottom and of this page, and mail it to:

**ACGFA, P.O. Box 2001
St. Augustine, FL 32085**

along with check or money order payable to ACGFA.

\$50.00

A membership includes a spouse or "significant other" and their dependent(s) under 18 years old.

Dependents 18 and over must have their own membership.

All eligible members will be listed on the membership application.

APPLICATION FOR MEMBERSHIP

TO BE COMPLETED BY SECRETARY

Check or Money Order # _____ in the amount of \$ _____
for the _____ / _____ Membership Year as a New / Renewal Member.

TO BE COMPLETED BY APPLICANT

Date: Name:

Spouse or Significant Other:

Mailing Address:

Street: (if different):

City: State: Zip:

Phone (H): Phone (W): Cell (C):

E-mail: Fax:

Dependents under 18 :

Name: Birthdate:

Name: Birthdate:

Name: Birthdate:

Name: Birthdate:

Boat:

Boat Name: Boat Make:

Boat Length: FL#:

ANY CHANGE (INCLUDING ACQUISITION OF A BOAT) PLEASE NOTIFY ACGFA SECRETARY.

When you are done fully filling out this form, make sure your Internet text size is set to Small or Medium (if you know how, if you don't it should still be OK) please Click the "Print Now" button below. When the document is done printing, please bring to the next meeting or mail this form, and your Check or Money order to:

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