

**Cape Cod Salties Sportfishing Club, Inc.
Membership Application**

Renewal ___ New Member ___ Annual dues: \$30

Family membership (includes wife and children 16 and under) _____ Individual _____

Name: _____ Spouse: _____

Address: _____

Town: _____ State: _____ ZIP: _____

Preferred phone contact no. _____

E-mail address: _____

Put me on the E-mail list so I may be contacted by the membership Yes ___ No ___

Fishing interests: SHORE ___ SURF ___ BOAT ___ KAYAK ___ FLY FISH ___ PARTY BOAT ___ DEEP
SEA ___

LEVEL OF FISHING EXPERTISE: Low ___ Med ___ High ___

How did you learn about the Salties? _____

Did a member invite you? _____ If so who? _____

SIGNED: _____ DATED: _____

Please mail this application and a personal check for \$30 to --
CAPE COD SALTIES/MEMBERSHIP, PO BOX 1183, SOUTH DENNIS MA.02660 – 1183

**Welcome to the Salties. Please introduce yourself at our next meeting or
event.**