



Cookstown Saltwater Anglers Club
P.O. Box 10093
Trenton, NJ 08650

COOKSTOWN SALTWATER ANGLERS CLUB MEMBERSHIP FORM

(THIS INFORMATION IS MEANT FOR ROSTER PURPOSES ONLY AND WILL NOT BE DISTRIBUTED TO ANYONE THAT IS NOT A MEMBER. IF YOU WISH TO KEEP ANY INFORMATION PRIVATE, PLEASE LEAVE THAT LINE BLANK. AN EMAIL ADDRESS OR PHONE NUMBER IS REQUIRED. (*INDICATES A REQUIRED FIELD). A FORM MUST BE COMPLETED FOR EACH PERSON. PLEASE PRINT CLEARLY

*Date: _____

*Name: _____ Age (If under 18): _____

Address: _____

*Home Phone: _____ Cell: _____

*Email: _____

Do you own a boat? Please circle: YES NO

Boat size/make/model: _____

Name of boat: _____

Trailer or docked? Please circle: TRAILERED or DOCKED

Marina Name / Location: _____

*Emergency Contact: _____

IF CHILD UNDER THE AGE OF 18:

Guardian's Name: _____

Special Notes: _____

To be completed by membership committee member only:

Dues Amount: FREE \$10 \$25 Amount Paid: _____ Date Paid: _____

Cash or Check # _____ Received By: _____

Return one form per person and payment (can be combined) to: COOKSTOWN SALTWATER ANGLERS CLUB, PO BOX 10093, TRENTON, NJ 08650 OR drop off at next meeting, held on the 2nd Wednesday of each month at the GARDEN STATE DINER ROUTE 537 WRIGHTSTOWN, NJ 08562.