



# Savannah Sport Fishing Club

## MEMBERSHIP APPLICATION

### FOR OFFICIAL USE ONLY

Application Received by	_____	date _____
Membership Report	_____	date _____
First Reading	_____	date _____
Second Reading	_____	date _____
Letter of Invitation	_____	date _____
Acceptance	_____	date _____

1. No person under 21 years of age can be a member of the Club.
2. The proposed individual must be sponsored by at least two members of the Club.
3. To be eligible for resident membership, a person shall have resided in Savannah or within 50 miles thereof for at least six months immediately prior to his election.
4. If an applicant proposed for membership is known by three (3) or more Board Members present at the Board Meeting where the applicant is first considered for membership **and the applicant has participated in at least one SSFC sponsored tournament within the past twelve months as a guest of a member** the Board may vote whether to post the applicant's name in the monthly "What's Biting" bulletin.
5. The name of each candidate posted in the monthly newsletter may be voted on for membership at the next Board meeting.
6. Each name will be voted on in order of the receipt of the complete nomination.
7. **Incomplete applications will be returned**  
**Please submit all information**

PLEASE COMPLETE BOTH PARTS OF APPLICATION!

Part 1 — APPLICANT INFORMATION

Name of Proposed (print) \_\_\_\_\_

Nickname \_\_\_\_\_ Spouses Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Boat Name** \_\_\_\_\_ **Make** \_\_\_\_\_

**Length & Type (Center Console, etc.)** \_\_\_\_\_

**Normally fish in area:**  A  B  C  Inshore  
 There are four distinct areas of competition for each tournament. The Club wishes to monitor fishing interest so as to provide activities for all its members.  
 Area A — 70 feet of water or less  
 Area B — 71 feet to 180 feet of water  
 Area C — 181 feet of water or greater  
 Inshore — Inshore waters out to, but not including, the beachfronts of the coastal barrier islands.

**Date of the SSFC sponsored tournament participated (must be within the past 12 months)** \_\_\_\_\_

Part 2 — SPONSOR INFORMATION

We wish to propose the above for membership as

Resident Member Age \_\_\_\_\_

Non-resident Member Age \_\_\_\_\_

Sponsor Name (print) \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

Second Name (print) \_\_\_\_\_

Second Signature \_\_\_\_\_

**Known personally by the following current Board Members (3 or more):**  
 (Signature must accompany name. Please print.)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

SEND COMPLETED APPLICATION TO:  
 Savannah Sport Fishing Club, Inc.  
 P.O. Box 1072  
 Savannah, Georgia 31402  
 ATTN: Secretary