



2024 Membership Application

Membership runs January 1st through December 31st

\$195.00

NEW MEMBERS WELCOME ANYTIME!

Recommended by: _____ Date: _____

PERSONAL INFORMATION

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

BUSINESS INFORMATION:

Work Phone: _____ Occupation: _____

Company Name: _____

Business Address: _____ City/State/Zip: _____

VESSEL INFORMATION:

Name: _____ Model: _____

Length: _____ Marina/Slip #: _____

FAMILY INFORMATION:

Spouse's Name: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Please list all family members who will be eligible to fish in our tournaments. This includes your spouse and any of your children under the age of 21. Provide the Date of Birth for all children.

How did you hear about the Dana Angling Club? _____

Please complete this membership application and send with your check for \$195.00 to:

Dana Angling Club

P.O. Box 2881 Capistrano Beach, CA 92624

or pay via PayPal <http://www.danaanglingclub.org/payments>

and email your application to info@danaanglingclub.org