

Central Illinois Crappie Club

Application for Membership



Full Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Membership Type: (select ONE)

Individual Membership (\$25/year)

Family Membership (\$40/year)*

*Please list additional family members below
(must live in the same household)*

**Family Memberships include individuals and spouses and any children living in the same household.*

By signing this membership form, I hereby waive and release all Central Illinois Crappie Club members, officers, and sponsors from all claims of injury or damage incurred with any or all of Central Illinois Crappie Club events and tournaments.

Signature: _____ Date: _____

Please make your check payable to **Central Illinois Crappie Club.** **Fee Enclosed: \$** _____

You may mail your application to: **Central Illinois Crappie Club, PO BOX 153, Forsyth, IL 62535**

FOR INTERNAL USE ONLY

Fee Received: _____ Cash Check #: _____ Check Dated: _____

Membership: Renewal - Individual New - Individual

Renewal - Family New - Family

Application Accepted by: _____

Membership Card Delivered: