

Membership Application

(Please Print)

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

E-Mail: _____

Boat: Yes _____ No _____ Length _____ Type _____

Boat Name: _____ Call Sign: _____

VHS: Yes _____ No _____ DSC: Yes _____ No _____

Dues Paid: Individual \$25.00 _____ Family \$35.00 _____

Signature: _____ Date: _____

Received by: Club member accepting application _____

Make Check Payable to: Port Hudson Fishing Club

**Mail to:
Port Hudson Fishing Club
C/O Laura Neri
12413 Hudson Ave
Hudson, FL 34468**

Our Website: www.phfclub.com

Revised: 08/01/2021