

Gulf Coast Kayak Fishing Association
Membership Application

Last Name _____ First Name _____ Suffix _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____ Phone _____

Gender Male Female
Age Group 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 & over
Years Yak Fishing _____

Kayak Make _____ Kayak Model _____

Kayak Color _____ Where Purchased _____

Use reverse side to describe additional kayaks

Description of vehicle usually used to transport your kayak _____

By submitting this document, becoming a member, or participating in any GCKFA events, the above named person,

- 1. agrees to follow the by-laws of the GCKFA**
- 2. acknowledges and fully understands that he or she will be engaging in activities that involve risk of serious injury including permanent disability and death which might result not only from his/her actions, inactions and negligence but the actions of, inactions and negligence of others or the condition of equipment used. Furthermore, there may be risks not known to us or not reasonably foreseeable at this time.**
- 3. assumes the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.**

Signed _____ Date _____

Annual Dues are \$20.00.

We accept checks, cash or money order or you may pay online via PayPal (gckfa@hotmail.com)**

Please make your checks payable to **GCKFA**.

Send signed membership application and your payment to:

GCKFA Secretary/Treasurer
Attn: Dan Lozier
24 West Chase St
Pensacola Florida, 32502

** if you paid online via PayPal please forward completed entry form to address at left or fax to 850/469-0006 or email drlozier@ltflaw.com