

CENTRAL COAST WOMEN FOR FISHERIES, INC.
 785 QUINTANA ROAD, #106 • MORRO BAY, CA 93442 • WWW.WOMENFORFISH.ORG

MEMBERSHIP APPLICATION

Last Name		First Name		Home Phone ()	
Mailing Address			E-Mail		
City, State, Zip		Spouse/Partner's Name		Birthday (Month & Day)	
Affiliation with California's Commercial Fishing Industry or other reason for wanting to join:					
<input type="checkbox"/> Spouse/partner is commercial fisherman (Name of Boat: _____) <input type="checkbox"/> Work-related <input type="checkbox"/> Industry Supporter <input type="checkbox"/> Other _____					
The mission of Central Coast Women for Fisheries, Inc. is to foster and promote a sense of the living culture of fishing communities by providing education, training, research and support for: <ul style="list-style-type: none"> - Educational programs for the public, fishermen and family members; - Preservation of the maritime heritage of California's central coast; - Charitable and social services for families in fishing and related industries, especially in times of disaster; - Conservation of ocean ecosystems; and - Promotion of local and/or underutilized species. I hereby apply for membership in Central Coast Women for Fisheries, Inc., and if accepted, I agree to abide by the bylaws of the organization and to support its mission in every way possible. Enclosed is my check for Twenty Dollars (\$20) in payment of my dues for the current year.					
Application Date:		Signature:			
This section for use by CCWF Secretary:		Approved by Board:	Entered into Membership Records:	Membership Packet Mailed:	Membership Number