

For Membership Secretary:

AMSA # _____

Date Joined: _____

NEW MEMBERSHIP APPLICATION

Assateague Mobile Sportfishermen's Association

www.keepersofthebeach.com

Instructions: Please complete the following information and mail in the completed application with your check for \$40, made payable to AMSA. New memberships are approved at the monthly board meetings, held the 3rd Wednesday of every month. After you are approved for membership you will be mailed your tag and registration card.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Email address: _____

All quarterly newsletters will be **emailed** to all current members and posted on the website. They will no longer be mailed. Please provide a current email address.

AFFIDAVIT

I will uphold the Code of Ethics of AMSA at all times.

New Member Signature: _____

Mail payment and application to:

Membership Secretary

PO Box 106

Berlin, MD 21811

TAG OPTION for 2025:

I would like the **Current AMSA Tag** with my membership.



I would like the **New ABBA Tag** with my membership.

