



CUT OFF FISHING CLUB MEMBERSHIP APPLICATION

APPLICATION MUST BE COMPLETELY FILLED OUT FOR CONSIDERATION!

DATE: _____

NAME: _____

HOME:
MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

SPOUSE/PARTNER'S NAME: _____

NOTE: The club's membership boundaries - must be a Louisiana resident

ARE YOU A LOUISIANA RESIDENT? (Y/N) _____

HOW DID YOU FIND OUT ABOUT THE CLUB? _____

MEMBER(S) YOU KNOW IN CLUB: _____

WHO HAS SPONSORED YOU FOR MEMBERSHIP?: _____

ARE YOU WILLING TO ATTEND/WORK AT CLUB FUNCTIONS? Y/N) _____

WHY DO YOU THINK YOU SHOULD BE CONSIDERED FOR MEMBERSHIP? WHAT DO YOU
HAVE TO CONTRIBUTE TO THE CLUB?

COFC WEBSITE: WWW.CUTOFFISHINGCLUB.COM

Rev.04/07/21