



NEW & RENEWAL MEMBERSHIP APPLICATION

NAME (include spouse): _____

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell # _____

Office # (if you wish in the directory) _____ Fax#(if you wish in the directory) _____

Email: _____ Website: _____

Collecting Interests: _____

By signing this form, I agree to abide by the FATC By-Laws.

Signature

Date

Payment Information: Make check/money order payable to **FATC** and mail to address below with completed form(s)

New Renewal: \$ _____ USA \$35 Canada \$40 International \$45

Lifetime - US/Canada \$800 International \$900

Good Buddy Gift: \$ _____ USA \$35 Canada \$40 International \$45

Sign up a friend

Minnow Club \$ _____ All children (16 years & under) are welcome in the 'Minnow Club'

First Minnow free - each additional Minnow \$10

Total Paid \$ _____ Cash Check# _____ Money Order # _____

Please mail completed form & payment to:

Beth Lucas
614 Riverside Drive
Holly Hills, FL 32117

Questions:

386 852-2946 or llucas3@cfl.rr.com