

2012-2013 ROBBIES JR. ANGLER CLUB MEMBERSHIP FORM (PLEASE PRINT)

(Membership open to Kids 12-years-old and younger)

Name: _____

Male/Female Age: _____ Birthday: (MM/DD/YY) ___/___/___

Mailing Address: _____

City: _____ State: _____ Zip code: _____

(Tel): (____) _____ - _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

1-YEAR MEMBERSHIP FEE - \$25.00

PAYMENT OPTIONS: (Circle one)

VISA MASTERCARD CASH CHECK MONEY ORDER

Credit Card# _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Mail, Fax or Deliver Membership Fee and Form to:

**ROBBIES OF ISLAMORADA
POST OFFICE BOX 86
ISLAMORADA, FLORIDA 33036
PLEASE ALLOW 3-4 WEEKS DELIVERY**
