ASSOCIATE MEMBERSHIP APPLICATION

Business Information

Company Name:_____ Type of Business: _____

Address:_____ Suite:_____City:_____

State:_____Zip Code:_____Country (If outside the U.S.):_____

Office Phone:_____Website:_____

President/CEO Name:_____Number of employees:_____

Main Member Company Contact

Full Name:_____ Title:_____

Phone Number:_____ Email:_____

Other Company Contact

Full Name:_____ Title:_____

Phone Number:_____ Email:_____

Full Name:_____ Title:_____

Phone Number:_____ Email:_____

Processing

Email this form as a PDF to Edwin@SportfishCA.org

or

Mail to our office at 5060 N. Harbor Drive, Suite 165 San Diego, CA, 92106

Along with your payment of $500