



Membership Form

CONTACT INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE:

To become an E.C.R.C. member, I hereby agree to the following:

1. To abide by the tournament rules as set forth by the Emerald Coast Redfish Circuit at all times during the duration of the tournament. Go to theredfishclub.com for all tournament guidelines.
2. To ensure that my vessel meets or exceeds all safety requirements set forth by the U.S. Coast Guard.
3. To abide by all final decisions of the Tournament Director and/or Tournament Committee.
4. **The Emerald Coast Redfish Circuit assumes no responsibility or liability for my safety, my vessel, my equipment, my crew/team members or my actions.**

(MEMBER SIGNATURE)

(DATE)

EMERALD COAST REDFISH CIRCUIT USE ONLY

MEMBERSHIP FEE: YES / NO

ALL TOURNAMENT FEES: YES / NO

COLLECTED BY : _____

DATE: _____