



For Official use only:
 Membership #: _____
 Membership fee: \$ _____
 Method of Payment: _____
 Receipt #: _____

Membership Application

Category of Membership (Circle One): New Renewal

Name(s): _____ Date of Birth _____
 First Middle Initial Last
 _____ Date of Birth _____
 First Middle Initial Last
 _____ Date of Birth _____
 First Middle Initial Last

Permanent/Mailing Address: _____ Home Phone Number
 _____ (____)____-_____
 _____ Mobile Phone Number
 _____ (____)____-_____

Email Address: _____ Forum Handle _____

Years in Hobby _____

Please indicate how you learned about NFMAS: _____

Are you interested in becoming actively involved? (Please circle one below)
 Yes, I would like to become actively involved, and have time to devote.
 Yes, I would like to become actively involved, but have limited time to devote.
 No, I do not wish to be actively involved, but do wish to take advantage of NFMAS membership benefits.
 If you would like to be actively involved and have time to devote would you like to hold a position? (Please circle one)
 Yes No

If you answered yes, what position are you interested in? _____
 Would you be interested in hosting a club meeting or event at your residence? (Please circle one) Yes No
 Please circle your shirt size: small medium large extra large 2xl* 3xl*

To become a member, please **fill out this application completely** and submit it with your **membership fee** to the new membership Executive Officer:

NFMAS
 2604 Jolly Rd
 Jacksonville, FL 32207

I would like to become a member North Florida Marine Aquarium Society (NFMAS), and have filled out this application completely and accurately. I am submitting dues of \$ _____ along with my application and agree that this information will be held on my record for as long as I am a member.

I agree to have my name and phone number listed in the member roster: Yes ___ No ___
 I have read and agree to abide to the By-Laws of North FL Marine Aquarium Society: Yes ___ No ___

Applicant Signature: _____ Date: ___/___/___

**If applicant is under the age of 18 a legal guardians signature must accompany the applicant's signature. **
 Name (Print) _____ Signature of legal guardian _____ Date ___/___/___

The NFMAS Membership Fee is \$35 per year. This fee is non-refundable and will be used towards club functions.
 The information contained within this document is privileged and private between Northeast Florida Marine Aquarium Society (to be identified further as NFMAS) and the Applicant mentioned above. Information contained within this document will not be given to any third party in any way or by any means whatsoever without the express written permission of the applicant, unless circumstances arise that it is a legal requirement to do so, and under these circumstances the applicant or the applicant's parent or guardian if under the age of 18 yrs will be notified accordingly.

**Information provided on this page is on a voluntary basis
(Please Print)**

If you wish please tell us about your aquarium(s)
Reef or Fish only, Size, number of years running, type of filtration, tank inhabitants, lighting, etc.

Other Information about you and your non-aquarium related hobbies

What you expect from the club as a member.

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