



# 2008 FOM MEMBERSHIP APPLICATION

<i>Your Home FOM Division</i>	Award Categories					
<b>MID-ATLANTIC</b>	Comeback Team <small>(Fished all 5 2007 Events with Same Partner for 2008)</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>Member Name</i>	Rookie of the Year <small>(At Least One Member of the Team NEW to FOM for 2008)</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>Your Street Address</i>	Adult Guy / Gal Team	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>Your City, State and Zip Code</i>	Adult / Junior Team	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>Member Date of Birth</i>	Birthdate of Junior	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>Your Social Security # (REQUIRED)</i>	Will Your Team be Fishing Legacy?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">YES</td> <td style="width: 50%; text-align: center; border: none;">NO</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>					
<i>Your E-Mail Address</i>	<i>Declared Partner's Name</i>					
<i>Your Home Phone</i>	<i>Your Boat Brand</i>					
<i>Your Cell Phone (In case of Emergency)</i>	<i>If Triton, Your VIN #:</i>					

All Information Requested Above is Required & MUST be Filled Out - Each Member Should Submit Separate Application

ANNUAL DUES

INDIVIDUAL - \$35.00 (\$40.00 if Paid by Credit Card)

FAMILY - (Must All Live in Same Household) - \$50.00 (\$55.00 if Paid by Credit Card)

Mail Filled Out Form with Checks / Money Orders to:

Fishers' of Men, 7 Kings Place, Perry Hall, Maryland 21128-9338