

# *Member Application*

**In order to receive a FULL copy of our Newsletter via "email",  
please fill out an application and join today!**

## *Affiliations & Benefits*

### **Standing Watch**

Is the only statewide organization aggressively defending the rights of boaters, waterfront property owners & marine businesses to freely enjoy Florida waterways.

### **Florida Airboat Association**

This association is a statewide organization comprised of clubs, organizations with the usage & rights of airboats.

### **Local & State Airboating Events**

posted on our website to provide involvement opportunities.

## **Family Values**

Our meetings & events are geared for the whole family

## **Protecting sovereign land & waterways**

We pride ourselves in preservings & teaching conservation. Central Florida is a diverse & rapidly growing area & without your support & participation, we will lose the most precious & unique asset in our area..... natural habitat & navigable waterways for all to enjoy.

## **Membership Requirements**

We welcome any person who has a shared interest in L.C.A.C's pursuits & desires to protect the rights of sportsmen & the environment. We are sportsmen in all fields including boating, airboating, canoeing, fishing, hunting, campers, & anyone who can appreciate all that Florida has to offer.

Your membership is for you & your family. We are a family oriented club, sponsoring outing, cookouts, & [educational programs](#) for all members to benefits.

Please **PRINT** all information and mail to the following address:

# Lake County Airboat Club

## P.O. Box 373

### Altoona, FL. 32702

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Check or Money Orders are accepted.....  
\$35.00 for new & nonconsecutive members  
\$25.00 for consecutive members

Name \_\_\_\_\_

Spouse: \_\_\_\_\_

Number of Dependents in home \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone (Optional) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address

\_\_\_\_\_

Member Signature \_\_\_\_\_

Who referred you? \_\_\_\_\_

Date \_\_\_\_\_

Would you object your number/email given to other LCAC Members only? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

Please check an event you would be willing to volunteer your time:

\_\_\_\_\_ Gar Gig

\_\_\_\_\_ Poker Run

\_\_\_\_\_ Annual BBQ

\_\_\_\_\_ Clean -Ups

Would you participate and/or help organize the following events:

Annual Away Trip \_\_\_\_\_ Yes \_\_\_\_\_ No

Christmas Party \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you serve on a committee if called? Yes or No

Would you participate in overnight trips? Yes or No

Would you participate in outings? Yes or No

Will you help in organize outings? Yes or No

*This is a family yearly membership.*

*Thank you for joining, please copy and paste this into a word document or print the whole page, fill out and simply mail.*