**Dana Wharf Lady Anglers Membership Application**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**E Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday Mo/Day: \_\_\_\_\_/ \_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_Zip: \_\_\_\_\_\_**

**Fishing Experience:**

**Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What inspired you to want to become a Dana Wharf Lady Angler?**

**I have read the information sheet regarding the Dana Wharf Lady Anglers and feel that I can be a valued member of the organization.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Please mail this Application, the DWLA Agreement, a signed Release of Liability and Payment of $50.00:**

**Please make check payable to: DWLA**

**Mail to : Membership**

 **P.O. Box 302**

 **Dana Point, CA 92629**