

# **Hobart Anglers**

## **2026 Membership Form**

Annual membership \$50.00 per person

Make Checks payable to: Hobart Anglers

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Emergency Contact Name / Phone # \_\_\_\_\_

With my paid membership, I accept and will abide by all rules set forth by the Hobart Anglers Club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_