Lee County Professional Guides Association
A Non-Profit Organization
Membership Application

Date: _____
Name: _____ _____ _____
Capt. Last Name First Name
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Business Phone: (____) _____
Cell: (____) _____
Email Address: _____
Web Site : _____

Membership Fees: $50.00

Boat Information
Make: _____ Length: _____ Type: _____ H.P.: _____
(Flats, Skiff, C.C., Sport fish, etc)
Fishing Information
Max. No. of People: ____ Fishing Area: _____ Fishing Type: _____
(Back Bay, Flats, Offshore) (Spin, Fly, Reefs, Trolling)

A brief description of your services.

I presently hold a current Coast Guard License (NUMBER:_____), State of Florida Commercial Saltwater Fishing License and maintain commercial insurance $_____(dollar amount) in Liability Coverage. Attach Coast Guard License & Insurance Certificate).

X_____

Signature of Guide

Make checks payable to:

Lee County Professional Guides Association
Please remit payment to:

6650 Chipper Lane
N. Fort Myers, FL 33917