



Beach Haven Charter Fishing Association, Inc.
576 Sentinel Road
Moorestown, NJ 08057

Phone 609-685-2839 Fax 856-324-9037

www.BeachHavenCharterFishing.com

An IRS Approved 501(c)(3) Tax-Exempt Public Foundation

NEW VENDOR/SPONSOR MEMBER APPLICATION

(Please print or type)

**Note: All Applications are subject to vote either by the Executive Committee
or of the Active Membership.**

Membership Classification Requested: Vendor/Sponsor Associate

Your Name: _____

Your Address: Street: _____

Town: _____ State: ____ Zip: _____

Phone Numbers: Home: _____ Fax: _____

Work: _____

Boat: _____

Cell: _____

E-Mail Address: _____

Website Address: _____

Your Business Name: _____

Business Address: Street: _____

Town: _____ State: ____ Zip: _____

Your Title in Company: _____

Products and/or Services Offered: _____

Business Website Address: _____

Describe discounts available to BHCFA Members: _____

Explain why you would like to be a Sponsor/Vendor Associate Member of the BHCFA:

How can the BHCFA help promote your business?



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NEW ASSOCIATE SPONSOR/VENDOR MEMBER APPLICATION (Continued)

<i>ASSOCIATE SPONSOR MEMBER CLASSIFICATION REQUESTED:</i>		
<i>PLATINUM</i> ____	<i>GOLD</i> ____	<i>SILVER</i> ____

I hereby apply for Associate Sponsor/Vendor Membership in the Beach Haven Charter Fishing Association, Inc. and agree to be subject to the By-Laws of that Association.

Date: _____

Organization's Name: _____

Applicant's Printed Name: _____

Applicant's Signature: _____

Sponsor's Signature: _____

Seconder's Signature: _____

If you are applying for Associate Membership as a Sponsor/Vendor, don't forget to attach the following:

- Script of active link to your website.
- High Resolution Digital materials for BHCFA use in promoting your business.
- Contact information for your Web Developer.

For Association Use Only:

Date presented to Executive Committee: _____

Vote: Membership Granted ____ Membership Not Granted ____

Date Dues Paid: _____ Date Initiation Fee Paid: _____

Secretary's Initials: _____