



Florida Sea Kayaking Association, Inc.
Membership Application

Name _____
Names of Additional Family Members and/or
children _____

Address: _____
City State Zip

Phone: Day (____) _____ Evening : (____) _____ Mobile: (____) _____

E-mail _____

You will need to sign and return the enclosed FSKA Waiver and Release of Liability for Adults, and/or FSKA Waiver and Release of Liability for Minors for each family member or individual.

Membership in FSKA is from April 1 to March 31, dues are: (please circle applicable)

Individual: \$15 for a full year and \$7.50 after October 1

Family: \$20 for a full year and \$10 after October 1

Total \$ _____

Make Check Payable to “**Florida Sea Kayaking Association, Inc.**”

Please mail this form, the check and applicable waivers to:

Tom Sweet, FSKA Treasurer
c/o Crossland Title Services, LLC,
1563 Alford Place, Suite 1,
Jacksonville, FL 32207