

**Palm Beach County Airboat and Halftrack Conservation Club, Inc.**  
**P.O. Box 17038**  
**West Palm Beach, FL 33416-7038**  
[www.pbcairboatclub.com](http://www.pbcairboatclub.com)



**Application for Membership**      Year: 20\_\_\_\_\_

Membership Fee (Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Renewal Membership                 | <input type="checkbox"/> \$25.00 – Single Membership (Yearly) |
| <input type="checkbox"/> New Membership                     | <input type="checkbox"/> \$40.00 – Family Membership (Yearly) |
| <input type="checkbox"/> Life Membership (Information Only) |   |

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other #(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

If you have a Family Membership please list their names and birth dates of each family member.

Self: _____	Date of Birth: ____/____/____
Spouse: _____	Date of Birth: ____/____/____
Child: _____	Date of Birth: ____/____/____
Child: _____	Date of Birth: ____/____/____
Child: _____	Date of Birth: ____/____/____

Resident of Palm Beach County: Yes / No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Type of Hunting vehicle(s) you own: \_\_\_\_\_

Would you like to be part the Emergency Response Team: Yes / No  
 If yes, do you own: Airboat Buggy Motorhome/Camper Other: \_\_\_\_\_

Recommended by: \_\_\_\_\_  
 (Member of the Airboat & Halftrack Club)

I shall abide by all the laws of the Palm Beach County Airboat & Halftrack Conservation Club, Inc.

\_\_\_\_\_  
 Signature of Applicant      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: You do not have to own an Airboat, Track or Swamp Buggy to be a member of this club. Information provided here is used for business purposes only. The Palm Beach County Airboat & Halftrack Conservation Club Inc. is a 501(c)(3), tax-exempt, non-profit corporation. Contributions are tax-deductible to the extent allowed by law.

**For Club Use ONLY**

Submitted to the Board: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved ( ) Denied ( ) \_\_\_\_\_  
 Secretary's Signature

Applicant Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Card Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Fee Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$\_\_\_\_.\_\_\_\_ Cash Check # \_\_\_\_\_