

Membership Application

Name _____

Spouse _____

Mailing address _____

Phone () _____

E-Mail _____

Member referral _____

PLEASE PRINT YOUR INFORMATION !!!

Family membership of \$40.00 is due annually in February.

501(C) (3) Charitable organization

www.krvsa.com

OFFICE USE ONLY

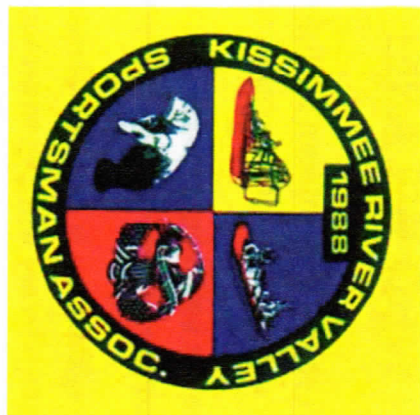
() KRVSA membership

() Check # _____

() Cash

() Membership card

() Receipt- date _____



"PROTECTING THE RIGHT TO

KEEP OUR WATERS

NAVIGABLE"

FOUNDED 1988

P. O. Box 1299

Dundee Fl. 33838

MEETINGS ARE HELD ON THE FIRST THURSDAY OF EVERY MONTH.

Raffle, 50/50, and a membership drawing done monthly.



K.R.V.S.A.

FOUNDED 1988

JOIN AN AWARD WINNING CLUB!

Monthly meetings

Maintain search and rescue teams to assist other boaters.

Restoration of Florida habitat.

We are Dedicated to the protection of the Public's access to Public Lands and Waterways for Traditional Recreation.

AWARDS WON!