

BLUEWATER ANGLERS AND OFAH MEMBERSHIP APPLICATION

The **Bluewater Anglers** are an affiliated club of the **Ontario Federation of Anglers & Hunters (OFAH)**. Membership in the Bluewater Anglers includes membership in the **Ontario Federation of Anglers & Hunters (OFAH)** since all members of an affiliated club must also be members of OFAH (www.ofah.org). Members can choose between an OFAH membership which includes the \$5 million personal insurance and OFAH benefits with or without the **Ontario OUT OF DOORS (OOD)** magazine. If you have a current **Ontario Federation of Anglers & Hunters (OFAH)** membership through another club or organization, then you only need to pay for your regular Bluewater Anglers membership.

Complete the form below to become a Bluewater Anglers member or to renew your current membership. More information about membership benefits can be found at <https://www.bluewateranglers.com/memberships> and www.ofah.org. Contact Rob Mina (519-328-6918 or rob_esso@hotmail.com) for more information.

BLUEWATER ANGLERS MEMBERSHIP APPLICATION - 2026

Date (YYYY/MM/DD): ___/___/___ Membership: New ___ Renewal ___

Step 1: Bluewater Anglers Membership	<input type="checkbox"/> Junior: \$10.00	<input type="checkbox"/> Single: \$20.00	<input type="checkbox"/> Family: \$30.00
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Step 2: Do you have a current OFAH Membership from OFAH or another club. If YES complete Step 3. If NO complete Step 4.	Step 3: OFAH Membership # _____	Step 3: OFAH Expiry Date ____/____/____ (YYYY/MM/DD)
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Step 4: OFAH Membership	OFAH Membership Type	Ontario Out of Doors magazine	OFAH Membership Benefits
Junior (under 18 yr. of age) Basic Adult Full Adult	<input type="checkbox"/> \$30.00 <input type="checkbox"/> \$35.00 <input type="checkbox"/> \$50.00	No No Yes	Full (except voting) Basic (no family additions) Full
If a Full Adult AND a Family Membership Spouse / Partner Number of Adult Children (age 18 - 25) Number of Teen Children (age 13 - 17) Number of Children (age - under 13)	(Select all that apply) <input type="checkbox"/> \$25.00 <input type="checkbox"/> X \$15.00 / child <input type="checkbox"/> X \$5.00 / child <input type="checkbox"/> No fee / child	Yes Yes Yes Yes	Full Full Full Full

Name _____ Telephone _____
 Address _____ City _____
 Province/State _____ Country _____ Postal/Zip Code _____
 Email Address _____

NOTE: The names & birth dates of ALL family members are needed to ensure that each person is covered by the personal insurance and OFAH benefits.

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make the membership cheque payable to the **BLUEWATER ANGLERS** and send the completed membership form to **Bluewater Anglers, c/o Membership Coordinator, P.O. Box 174, Sarnia Ontario N7T 7H9.**