



## CBAF Chapter 10838

### Membership Application



Name : \_\_\_\_\_

Address : \_\_\_\_\_

City / Postal Code : \_\_\_\_\_

Home Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

**Boat Owner : Yes No If yes and you plan to compete with it , please complete next section .**

Boat Registration # \_\_\_\_\_

Year \_\_\_\_\_

Make /Model \_\_\_\_\_

Motor HP. \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # / Expiry Date \_\_\_\_\_

\*\* All watercrafts MUST be Insured . Policies must be current and inclusive to participate in any CBAF event \*\*

Refer to CBAF Rules and Regulations for Minimum requirements .



[www.quintebassanglers.com](http://www.quintebassanglers.com)

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