



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

quintebasschamps@gmail.com