



C.B.A.F

CHAPTER: _____



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 your boat then complete next section

REGISTRATION NUMBER	
YEAR	
MAKE	
MODEL	
MOTOR / HP	
INSURANCE COMPANY	
POLICY NUMBER / EXP. 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.

NEW / RETURNING

TBF/CBAF#: _____

Mail To: 113 Teal Ave, Stony Creek, ON, L8E 3B5
Cheque payable to: Canadian Bass Anglers Federation
(\$80.00 New member/\$65.00 Returning Member)