



2017 TEAM MEMBERSHIP APPLICATION

BOATER NAME _____ Date Paid _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

BOAT INSURANCE CO. _____ POLICY# _____

PARTNER NAME _____ Date Paid _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

ANNUAL MEMBERSHIP \$35.00 PER PERSON / \$70 per team

I have received a copy of the rules. I will abide by all competition rules, size limits, Lake rules, state and federal laws etc. I will operate my boat in a safe manner. I understand that I am responsible for my actions during any tournament and hold harmless Tri county anglers, their staff and sponsors. I allow Tricounty Anglers to publish my photos on social media sites as well as the club website for promotions.

Signature

Date

Signature partner

Date