

CITRUS COUNTY AIRBOAT ALLIANCE MEMBERSHIP APPLICATION

PLEASE PRINT & SUBMIT COMPLETED APPLICATION WITH \$40 ANNUAL DUES (March to March) AT THE MEETING, OR MAIL TO CCAA, P.O. BOX 194, INVERNESS, FL 34451-0194. Write on back of page, if needed.

FULL NAME (please print):	NICKNAME (if any):
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CO-APPLICANT (will be listed on roster, but only one vote can be cast per membership):	Circle One: Spouse Partner Other
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CHILDREN (Names & Ages of those who will attend CCAA family functions with you)

MAILING ADDRESS:

HOME PHONE:	EMAIL ADDRESS:
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OTHER PHONE:	Circle One: Cell Work Other
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APPLICANT'S OCCUPATION:	CO-APPLICANT'S OCCUPATION:
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DESCRIPTION OF BOAT: (Length/color/type/make of hull, engine, prop, etc.—continue on back if necessary)

BOAT NAME (if any):	BOAT CAPACITY: Driver plus _____ Passengers
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RADIO ON BOAT (CCAA monitors Marine Radio Channel 68):	Circle One: VHF Marine CB None
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AIRBOATING SINCE (year you began airboating): WHERE (your most familiar lakes and rivers—continue on back if needed)

CONNECTIONS TO OTHER CCAA MEMBERS (relatives, friends, co-workers, neighbors—who & how—continue on back if needed)

KNOWN ALLERGIC/MEDICAL CONDITIONS—Optional (for you or usual passengers—continue on back if needed)

IN CASE OF EMERGENCY, CONTACT (Name, phone, & relationship):

SPONSORED BY (Print name of current CCAA member)

SIGNATURE OF SPONSOR:

By signing this application, I do hereby agree to read, understand, and follow the Bylaws adopted and followed by the members of the Citrus County Airboat Alliance.

SIGNATURE OF APPLICANT: DATE: