

# Chickamauga Fly & Bait Casting Club

## Application for Membership

I/we \_\_\_\_\_ hereby make application for membership in the Chickamauga Fly and Bait Casting Club. I/we have read and understand the By-laws and Rules of the CFBCC, and agree to abide by all of these requirements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please provide the personal reference information requested below. Please use someone other than family members.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Years of acquaintance \_\_\_\_\_

Name of Club member sponsor \_\_\_\_\_

Please check one. I am applying for one of the following:

Family Membership \$295 \_\_\_\_\_

Single Membership \$225 (one adult) \_\_\_\_\_

Associate Membership \$210 (family) \_\_\_\_\_

Associate Membership \$160 (single- one adult) \_\_\_\_\_

Boat Dock Fee (if applicable) \_\_\_\_\_

Initiation Fee \$100.00 (waived if you are a child or grandchild of a current member). \_\_\_\_\_

Fire protection \$27.00 annually if paid through CFBCC (property owners only).  
\_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

Please submit to Sarah Poole, CFBCC, PO Box 777, Soddy Daisy, TN 37384.