

Return with payment for dues!
Chickamauga Fly & Bait Casting Club Member Information Form

Name(s) of Adult/Primary/Voting (if applicable) Member(s):

Family members living in household including full-time students under age 25:

(Name & Birth Date)

 Regular membership or

 Associate membership (Name of Regular member and relationship) _____

Mailing Address: _____

Email Address: _____

Delivery of Club Correspondence (choose one):

Email _____

Snail Mail (CFBCC residents will be hand delivered) _____

Phone #s:

Name _____ ; # _____ **cell** **or** **land**

Name _____ ; # _____ **cell** **or** **land**

Name _____ ; # _____ **cell** **or** **land**

Vehicles owned by member/household and authorized on Club property:

Make Model Color License Tag #
