

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:**

<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>License Tag #</b>
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