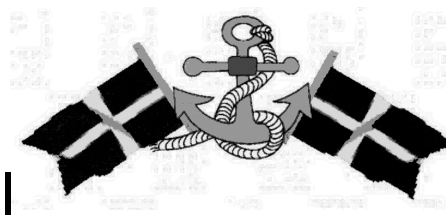




ers Assistance R...



Tellico Boaters Assistance Response Team, Inc.

www.TBART.org

Membership Application

Applicant: Lake ___ River ___ Ocean

Date ___/___/___

Name _____

Spouse Name _____

Address _____

Phone _____

Cell Phone _____

Email _____

Occupation (Past/Present):

Applicant _____

Applicant is applying to become a
Captain _____ Crew _____

Circle type of boat you own:

Cruiser Pontoon Deck boat Bow rider

Other _____

Boat Name _____

Length _____ Horsepower _____

Is boat capable of winter duty? Yes No

Communications Capability (Circle)

VHS Radar GPS Other _____

Occupation (Past/Present):

