



# Tellico Boaters Assistance Response Team, Inc.

www.T-BART.org

## Membership Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Spouse Name \_\_\_\_\_

Years of Boating Experience: \_\_\_\_\_

Address \_\_\_\_\_

Type: Lake \_\_\_ River \_\_\_ Ocean \_\_\_

\_\_\_\_\_

Circle boat type if you own one:

Cell Phone \_\_\_\_\_

Cruiser Pontoon Deckboat Bowrider

Home Phone \_\_\_\_\_

Other \_\_\_\_\_

Tee Shirt Size (Circle) S M L XL XXL

### **A Note from our Membership Director:**

We have learned that most new members are best beginning as Crew. This allows all new members to learn the assist procedures and become familiar with the lake prior to taking on the additional requirements of captain. If you wish to **apply as Captain**, have significant boating experience AND are an active boater on Tellico Lake, please provide those details below and **Check the box**. The Director of Training will contact you after your application is accepted.

**Please check this box if you wish to apply as a Captain.**

All, please provide a description of your boating experience and your knowledge of the entire Tellico Lake.

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To be qualified for duty, T-BART requires all joining members to complete, or have completed within the last five years, a boating safety course certified by the U.S. Coast Guard Auxiliary, the U.S. Power Squadron, or BoatUS Online Course.

Applicant: Year Taken \_\_\_\_\_ Certification Attached \_\_\_\_\_ or Needs to take \_\_\_\_\_

If you have successfully completed an equivalent course, with an exam, please state the name of the course and year completed. \_\_\_\_\_

List any other boating organizations that you are a current or previous member. \_\_\_\_\_

Please share with us your reasons for applying for membership. \_\_\_\_\_

**T-BART is a volunteer organization. Your regular participation in meetings, activities, and duty is expected as a responsibility for membership. Please plan on 2 days a month for on water duty.**

Membership dues are \$10.00 a person per year. DUES ARE REQUIRED WITH THIS APPLICATION and are due annually by December 31<sup>st</sup> for the following year.

By your signature(s) below, you attest that the information provided above is accurate and that you intend to fulfill the requirements for membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Application Approvals:

Director of Membership \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_

Mail Application to:

Bruce Walter  
T-BART Membership Director  
325 Oostanali Circle  
Loudon, TN 37774