



Tellico Boaters Assistance Response Team, Inc.

www.TBART.org

Membership Application

Date ____/____/____

Name _____

Spouse Name _____

Address _____

Phone _____ Cell Phone _____

Email _____

Applicant Occupation (Past/Present):

Spouse Occupation Past/Present):

Applicant is applying to become a:

Captain _____

Crew _____

Spouse is applying to become a:

NOT applying _____

Captain _____

Crew _____

Spouse Only Crew _____

Applicant Tee Shirt Size (Circle)

S M L XL XXL

Spouse Tee Shirt (if applying)

S M L XL XXL

Applicant Years of Boating Experience:

Lake ___ River ___ Ocean ___

Spouse Years of Boating Experience:

Lake ___ River ___ Ocean ___

To be qualified for duty, TBART 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 equivalent.

Applicant: Year ____; Certification Attached ____ or Need to take ____

Spouse, if applying: Year ____; Certification Attached ____ or Need 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. _____

You are aware that TBART is a volunteer organization and that 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.

TBART Inc. carries secondary liability insurances for its members while participating in TBART activities.

Membership dues are \$10.00 a person/\$20 a couple (if spouse is applying) per year. DUES ARE REQUIRED WITH THIS APPLICATION and are due annually by December 31st 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

Signature of Spouse (if applying)

Application Approval:
Director of Membership _____ Date _____

President _____ Date _____

Mail to: Bruce Walter, TBART Membership Director, 325 Oostanali Circle, Loudon, TN 37774