

**Baltimore Metro Reservoir Anglers, Inc.
2018 Membership Application**

Name: _____

(As it appears on your S.S. Card) *First* *Middle Initial* *Last*

Address: _____

City: _____ ***State:*** _____ ***Zip Code:*** _____

Home Phone Number: _____ ***Cell Phone Number:*** _____

Partners Name: _____

Please Fill in Additional Information on the Back of this Sheet

To the fullest extent of the law, I shall defend, indemnify and hold harmless the Baltimore Metro Reservoir Anglers, Inc., all individuals serving on the BMRAI Board of Directors, all sponsors, and the City of Baltimore, from and against all claims, damages, loss and expense. I hereby release BMRAI Board Members, members, sponsors and Baltimore City from any and all liability for injury or damage to my property or person before, during or after the BMRAI tournaments. I give permission to the BMRAI to use my picture or likeness in their publications and on their website. I give permission to the BMRAI to make video and audio recordings of me for use on their website. I acknowledge receipt of the BMRAI rules and regulations and agree to abide by all the rules and conditions of the Baltimore Metro Reservoir Anglers, Inc.

Signature

Date

Please fill out this form and return it with a check for \$50.00 payable to Baltimore Metro Reservoir Anglers, Inc. to:

Baltimore Metro Reservoir Anglers, Inc.
31 Norwick Cir.
Timonium, MD 21093

Fishing Info:

Boat Number: _____

Loch Raven Permit #: _____

Liberty/Prettyboy Permit #: _____

Sponsors: _____

Personal Info:

Please tell us how you would like your name to be listed, announced or to appear on trophies: _____

Check the categories of trophies you would like to receive should you earn them: 1st Place 2nd Place 3rd Place Angler of the Year

1st Place TOC 2nd Place TOC 3rd Place TOC

Biggest Stringer Largest Fish

Date of Birth: _____

E-mail Address: _____

SS#: _____

Check here if you do not have an e-mail address.

Emergency Contact: _____

Their Contact Number: _____

Substitute Name(s):

