Metro Reservoir Anglers, Inc. 2015 Membership Application

| Name: | | | | |
|---|--------|----------------|-----------|--|
| (As it appears on your S.S. Card) First | | Middle Initial | Last | |
| Address: | | | | |
| | | | | |
| <u>City:</u> | State: | | Zip Code: | |
| Home Phone Number: | | Cell Phone Nur | nber: | |
| 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 Metro Reservoir Anglers, Inc., all individuals serving on the M.R.A.I. Board of Directors, all sponsors, and the City of Baltimore, from and against all claims, damages, loss and expense. I hereby release M.R.A.I. 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 M.R.A.I. tournaments. I give permission to the M.R.A.I. to use my picture or likeness in their publications and on their website. I give permission to the M.R.A.I. to make video and audio recordings of me for use on their website. I acknowledge receipt of the M.R.A.I. rules and regulations and agree to abide by all the rules and conditions of the Metro Reservoir Anglers, Inc.

Signature

Date

Please fill out this form and return it with a check for \$85.00 payable to Metro Reservoir Anglers, Inc. to:

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: $\Box 1^{st}$ Place $\Box 2^{nd}$ Place $\Box 3^{rd}$ Place \Box Angler of the Year | | |
| \Box 1 st Place TOC \Box 2 nd Place TOC \Box 3 rd Place TOC | | |
| Biggest Stringer Largest Fish | | |
| Date of Birth: | | |
| E-mail Address: | | |
| Check here if you do not have an e-mail address. | | |
| Emergency Contact: | | |
| Their Contact Number: | | |

Substitute Name(s):

