

**Baltimore Metro Reservoir Anglers, Inc.**  
**2020 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:

Team Primary 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:  1<sup>st</sup> Place  2<sup>nd</sup> Place  3<sup>rd</sup> Place  Angler of the Year

1<sup>st</sup> Place TOC  2<sup>nd</sup> Place TOC  3<sup>rd</sup> 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):

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