Metro Reservoir Anglers, Inc. 2014 Membership Application

Name:			
(As it appears on your S.S. Card) First	t Middle Ini	iitial Last	
Address:			
City:	State:	Zip Code:	
Home Phone Number:	Cell Phon	ne Number:	
Partners Name:			
Please Fill in Additional To the fullest extent of the law, Reservoir Anglers, Inc., all indivisions sponsors, and the City of Baltin expense. I hereby release M.R.A City from any and all liability for it or after the M.R.A.I. tournaments likeness in their publications and make video and audio recordings the M.R.A.I. rules and regulations Metro Reservoir Anglers, Inc.	I shall defend, indeviduals serving on the more, from and aga a.I. Board Members, injury or damage to a s. I give permission to their website. I of me for use on the	the M.R.A.I. Board of Directors, ainst all claims, damages, loss as, members, sponsors and Baltim my property or person before, durito the M.R.A.I. to use my picture I give permission to the M.R.A.I eir website. I acknowledge receip	etro all and ore ring e or . to
Signature		Date	

Metro Reservoir Anglers, Inc. 3928 Norrisville Road Jarrettsville, MD 21084

Please fill out this form and return it with a check for \$85.00 payable to Metro Reservoir

Anglers, Inc. to:

	Boat Number:
	Loch Raven Permit #:
	Liberty/Prettyboy Permit #:
	Sponsors:
.	
Per	sonal 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
	□1 st Place TOC □2 nd Place TOC □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:
Sub	stitute Name(s):