

2017 SMBC MEMBERSHIP

(Annual Membership from January 1 to December 31)

NAME:		D.O.B.:	
ADDRESS:			
CITY:		STATE:	ZIP:
CELL:	HOME PHONE:		
EMAIL:			
BOAT TYPE:	M	ODEL:	
NAME:	LENGTH:	ENGINE:	
2017 ANNUAL MEMBERSH	IIP FEE: \$40		
activity of the Southern Marylan to hold the Southern Maryland E volunteers, and assistants, for ar 2017 membership year, whether said organization, sponsors, emp Club. I understand that in order to inspected and operated in a safe or rider. I will hold the Southern	Boat Club harmless and any and all ny injury or loss suffered by me, my r such injury or loss resulted direct ployees, volunteers, assistants, or o to participate in any Southern Mar e manner. I agree to take full respo	other sponsors of the sponsors	person, boat or equipment. I agree be event, their employees, agents, be during or in connection with the the negligent acts or omissions of th the Southern Maryland Boat ont, my boat must be adequately
SIGNATURE			DATE
PARENT SIGNATURE (If member is under age 18)			DATE

Mail completed form with check payable to: SMBC, P. O. Box 203, Leonardtown, MD 20650