



NBAA APPLICATION FORM:

SURNAME: _____

FIRST NAME/S: _____

REGION REPRESENTED: _____

(full name of region)

ID. NO. _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

B.A.S.S. MEMBERSHIP NUMBER: _____

TEL NUMBERS: HOME: _____ WORK: _____

CELL: _____ FAX: _____

E-MAIL: _____

TOWING VEHICLE REGISTRATION: _____

BOAT TRAILER REGISTRATION: _____

NFFA BOAT LICENSE NUMBER: _____

NFFA BOAT LICENSE EXPIRY DATE: _____

I DECLARE THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

ANGLERS UNDER THE AGE OF 18 YEARS

DATE OF BIRTH: _____

AGE: _____

GUARDIAN (FULL NAME)

GUARDIAN (SIGNATURE)

DATE

OFFICIALLY CERTIFIED BY CHAIRMAN OF THE NBAA:

**AND ADOPTED BY THE EXECUTIVE
MANAGEMENT COMMITTEE ON:**