

## Applicants Information:

Applicant's Name-						
Mailing Address-						
City & State, Zip Code-						
Email Address (Required for correspo						
Cell Phone #		Business Phone :	#			

## Membership Type:

□ New □ Renewal Membership Dues \$25.00 (Not on Roster for Drug Testing)

I am an individual who by the nature of their activities, compliments the membership and the intended purpose of ELECBA. I may attend general membership meetings and events as well as bring forth or present issues. I may not cast a vote.

For the term of my membership begins the date this application is accepted by Eastern Lake Erie Charter Boat Association (ELECBA), and end December 31, 2025

Applicant Signature and Date: \_\_\_\_\_

Please Return to:

Eastern Lake Erie Charter Boat Association PO Box 326 Alexander, NY 14005 or email to membership@easternlakeeriecharters.com.