

FILLABLE FORM INSTRUCTIONS

This form can be completed, printed and mailed,

or

save and send by email attachment by following these steps:

1. **IMPORTANT! DOWNLOAD/SAVE FORM TO DESKTOP/DOWNLOADS folder**

Please note: Many website browsers have their own PDF readers. **This form is made to work with Adobe Reader.** For best results, it is strongly recommended that you download the file to your computer first or you *may* be unable to save what you have typed.

2. **After DOWNLOADING, find and open the form** - it should open in **ADOBE READER**.
3. **FILL OUT** page 2.
4. **SAVE the COMPLETED FORM** – please include year in your file name to help you find your saved form to attach.
5. **SEND by email to Secretary@IMPBA.net** as an attachment. Once we receive and verify your listed members are renewed you will be invoice via PayPal.

If you encounter any problems,
please call the office at (256) 684-2986.



Club Name _____ District _____

Club President _____ Phone (_____) _____ IMPBA# _____

President Address _____ City _____ State _____ Zip _____

President E-Mail: _____ (will be listed on the IMPBA website)

Club Secretary _____ Phone (_____) _____ IMPBA# _____

Sec. Address _____ City _____ State _____ Zip _____

Secretary E-Mail: _____ Club website or facebook URL: _____

TO REGISTER THE CLUB:
You must have
5 CURRENT VOTING MEMBERS
RENEWED WITH IMPBA
for the year you are applying for. *
Junior members do not count toward 5

1. Club President above is current at time of application along with the following members:

2. Name & IMPBA # _____

3. Name & IMPBA # _____

4. Name & IMPBA # _____

5. Name & IMPBA # _____

Information for CERTIFICATE OF INSURANCE - The Club will be emailed a PDF copy of the COI.

Name of Water to be Insured _____

Address or Location _____

City _____ State/Prov. _____ Zip _____ For insurance be as accurate as possible!

Name of Property Owner (person or government) - The insurance company will mail an original certificate to the address provided below. A PDF (preferred method) will be sent if you provide an email address.

Name _____

Address _____ City _____ State/Prov _____ Zip _____

Email address of property owner: _____

I certify that the above named Pond or Lake meets the IMPBA requirements for an approved site including:

- A. The site is closed to public swimming or wading while IMPBA boats are operating.
- B. The site is posted with "NO SWIMMING" signs.
- C. The site is closed to all publicly-operated watercraft while IMPBA boats are operating.

I certify that I have read the list of IMPBA Safety Regulations and state that our club will abide by them.

Signature of Club President _____ Date _____

Signature of District Director _____ Date _____

IMPORTANT! YOUR CLUB IS NOT REGISTERED UNTIL APPROVED BY THE DISTRICT DIRECTOR. IF YOU DON'T HAVE THE OPPORTUNITY TO OBTAIN DIRECTOR'S SIGNATURE, THE OFFICE WILL EMAIL THE DIRECTOR TO VERIFY YOU HAVE CONTACTED HIM/HER.

EARLY REGISTRATION DISCOUNT *
Before January 1 \$40

Club Registration Fee \$50.00 which includes 1 site..... \$ _____

Additional Site Fee \$10 (Use separate form for each site) \$ _____

Check or money order (US Funds) payable to IMPBA **TOTAL \$** _____

SEND A PAYPAL INVOICE TO: _____ email

OFFICE USE
CK/MO # _____
PP Invoice # _____
 Q Entered _____