

FILLABLE FORM APPLICATION INSTRUCTIONS

To complete this form on your computer
follow these steps:

1. **IMPORTANT! DOWNLOAD/SAVE FORM TO DESKTOP/DOWNLOADS folder**
BEFORE typing your information.
2. Re-open form, it should open in **ADOBE READER**.
3. **FILL OUT FORM** on page 2 COMPLETELY.
4. **SAVE** the **COMPLETED FORM**.
5. **SEND** the saved form **as an email attachment** to:
secretary@impba.net

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



IMPBA CLUB REGISTRATION & INSURANCE APPLICATION

Club Name _____ District _____

Club President _____ Phone (_____) _____ IMPBA# _____

President Address _____ City _____ State _____ Zip _____

President E-Mail: _____

Club Secretary _____ Phone (_____) _____ IMPBA# _____

Sec. Address _____ City _____ State _____ Zip _____

Secretary E-Mail: _____

You must have 5 CURRENT VOTING IMPBA members to register the club

- 1. Name & IMPBA # _____
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 reasons 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. THE OFFICE WILL EMAIL FOR APPROVAL IF APPLICATION ISN'T SIGNED BY THE DIRECTOR.

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 _____