

Cleveland Amateur Boatbuilding and Boating Society

Registration

| Please print clearly | | |
|--|-------------------------|-----------------------|
| Name: | | Date: |
| Address: | | _ |
| City: | State: | Zip code: |
| Phone: | Cell phone: | |
| E-mail address: | | |
| The CABBS newsletter will be sent electron | nically to the above e- | mail address. |
| Choose the activity team(s) you w | ould like to be a | part of: |
| Boatbuilding Workspace | Event | ts and Communications |
| Educational Programs | Admi | inistration |

CABBS Membership, \$35 per year. Make check payable to: CABBS

Mail check and completed form to: Kevin Hoy, CABBS Treasurer 17820 Baldwin Place Lakewood, Ohio 44107