



CTARS Membership Request Form

Today's Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Home ___ Cell ___ Email: _____

Occupation: _____ How did you hear about us? _____

Reef Central Handle: _____ Reef2Reef Handle: _____

Is it okay to post your general information on the CTARS website? Yes ___ No ___

Signature: _____

By signing above you agree to abide by the by-laws of CTARS. Membership will be valid until December 31st of current year.