



CTAG MEMBERSHIP FORM

Please complete the form and email or mail to the SFI. Contact details as listed below. If you have any questions or concerns, please do not hesitate to contact the office.

Name: _____

Business Name (if applicable): _____

Business website: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Tidal Angling Guide (TAG) Certificate #: _____

Marine Basic First Aid (MBFA) Expiry Date: _____

Candidate Document Number (CDN) #: _____

Method of Payment:

Cheque - \$52.50 (\$50.00 + \$2.50GST)
Please send Cheques to: 8014 Webster Road, Delta, BC V4G 1G6

Credit Card: _____ Expiry: _____

Visa or MasterCard (please circle):

Signature: _____

Thank you for your support. Your contribution helps us work on your behalf to ensure sustainability of our natural resources and that angling opportunities are maintained and promoted.