

APPLICATION FOR BASSCASTERS BASS CLUB

NAME:----- PHONE (HOME) -----

ADDRESS: -----PHONE (WORK) -----

CITY: -----STATE:----- ZIP: -----

MEMBER(S) RECOMMENDING:-----

BOAT:----- LENGTH:----- H.P.-----

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ARE YOU CURRENTLY A MEMBER OF B.A.S.S. (Y/N)-----

IF YES, NATIONAL BASS NO.----- EXP. DATE:-----

ARE YOU CURRENTLY A MEMBER OF PA. BASS (Y/N)-----

IF YES, PA. FEDERATION NO.-----

DID YOU PREVIOUSLY BELONG TO A BASS CLUB (Y/N)-----

IF YES, NAME OF PRIOR CLUB:-----

BASSCASTERS' MEETINGS ARE ON THE FIRST WEDNESDAY OF THE MONTH FROM NOVEMBER THROUGH MAY. TOURNAMENTS ARE NORMALLY ON SUNDAYS.

NORMAL WORK SCHEDULE:-----

REASONS FOR WANTING TO JOIN BASSCASTERS:-----

SIGNATURE:----- DATE:-----

FOR CLUB USE ONLY:

DATE APPLICATION WAS RECEIVED:----- BY:-----

MAIL COMPLETED APPLICATION TO THE CLUB SECRETARY

SCOTT C. KINARD
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ELLWOOD CITY PA 16117
PH: 724-758-6647