

# CHAPTER MEMBERSHIP LIST

\*Include Federation Dues With This Application

Check one of the following Current B.A.S.S. Member	B.A.S.S. Membership Payment Enclosed
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## OFFICERS

**1. PRESIDENT** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

*VERY IMPORTANT*

**2. SECRETARY** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

*VERY IMPORTANT*

## CLUB MEMBERS

**3. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**4. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**7. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**8. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9. Name** \_\_\_\_\_ Member No.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Please use Name and Address as listed on B.A.S.S. membership.**

## CLUB MEMBERS

Check one of the following  
B.A.S.S.  
Membership  
Payment  
Enclosed

Current B.A.S.S. Member	B.A.S.S. Membership Payment Enclosed
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10. Name \_\_\_\_\_ Member No. | | | | | | | | | |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Name \_\_\_\_\_ Member No. | | | | | | | | | |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Name \_\_\_\_\_ Member No. | | | | | | | | | |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

13. Name \_\_\_\_\_ Member No. | | | | | | | | | |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

14. Name \_\_\_\_\_ Member No. | | | | | | | | | |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# B.A.S.S.

## Local B.A.S.S.® Chapter Application for Affiliation

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF CHAPTER

\_\_\_\_\_  
CITY, STATE, ZIP



We the undersigned, submit our application for affiliation with B.A.S.S. We do hereby agree to the objectives and purposes of B.A.S.S. as set forth in the constitution and by-laws.

We do promise to support B.A.S.S. by creating among fellow anglers and the public in general an awareness of the society's contributions to American angling, conservation, and outdoor recreation. We will encourage and instruct the youth of the community in the art of bass fishing. We do pledge ourselves to full adherence to all conservation codes and to detect and report any polluter of our Nation's waters.

\_\_\_\_\_  
PRESIDENT'S SIGNATURE

\_\_\_\_\_  
SECRETARY'S SIGNATURE