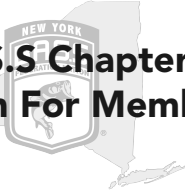




# New York B.A.S.S. Chapter Federation Application For Membership



Please check one:  New Member  Renewal

## GENERAL INFORMATION

Name:	SS#:	DOB:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:
B.A.S.S. Number:	Club Affiliation	Office Held
Expiration:	Member Since:	1*
* The club that will be your primary club for voting and also where your tournament weight will be credited. This club should also be the one with which you are listed as a National Federation member.		2
		3

Are you a member of another B.A.S.S. Federation? If yes, you must declare your primary state B.A.S.S. Federation:

## EMERGENCY CONTACT INFORMATION

Name:	Phone#:	Relationship:
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## OCCUPATION INFORMATION (optional)

Company:	Occupation:	Phone#:
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## NEWS & SPONSOR INFORMATION (optional)

News Service:	Contact:	
Email:	Phone#:	Fax#:
Sponsors:		

## BOATER INFORMATION (Members do not need to have a boat to join the NYBCF)

Boat Make:	Model:	Year:	Length:	Color:
Boat Reg.#:	Coast Guard HP Rating:	Engine Make:	HP:	
Insurance Co.:	Policy#:	Expires:		
Address:		Phone#:		

To be a boater you are required to carry \$300,000 minimum liability insurance. A certificate of insurance must be provided to the tournament director.

## MEMBERSHIP DUES

Yearly membership dues are \$20 for the calendar year Jan 1st to Dec 31st. First time members also receive a patch.	=	\$ 20.00
Additional patches are available for \$4.00 each. Please add _____ patches X \$4.00	=	\$
If you are not a member of a B.A.S.S. affiliated club, there is an additional \$25 for the National & N.O.N.E. Club membership dues. NYBCF considers the National Dues transferrable from N.O.N.E. Club to a chapter club during the year.	=	\$
Additional contributions: Youth: \$ Conservation: \$ Scholarship Fund: \$	=	\$
Make check or money order payable to: NEW YORK B.A.S.S. CHAPTER FEDERATION (NYBCF)	TOTAL =	\$
Mail to: New York B.A.S.S. Chapter Federation, c/o Jeff Edgarton, 385 Funk Road, Erieville, NY 13061		

Signature:	Date:
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Please feel free to attach any additional information you would like submitted.