

DATE: _____

FORT POLK COMMUNITY



BASSMASTERS



MEMBERSHIP FORM

Fort Polk Community Bassmasters Membership Form

Name:			
Address:			
City:	State:	Zip Code:	
Email address:			
Home Number:		Work Number:	
Cell Number:			
In Case of Emergency Call (Name):			
Telephone Number:			
Spouse Name:			
B.A.S.S. Exp. Date:		B.A.S.S.#	
<u>Club Dues / Options</u>			
Club Dues		\$20.00	Date Paid:
Big Bass	(Optional)	\$20.00	Date Paid:
State Federation	(Optional)	\$30.00	Date Paid:
National Federation	(Optional)	\$30.00	Date Paid:
ALBC	(Optional)	\$35.00	Date Paid: