

BASS ANGLERS OF MICHIANA – MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

E-MAIL: _____

NON BOATER BOATER (CIRCLE ONE)

IF BOATER:

MODEL: _____ MOTOR SIZE: _____

YEAR: _____

INSURANCE CARRIER: _____

INSURANCE COVERAGE: _____

(APPLICANTS MUST BE MEMBERS OF B.A.S.S.)

B.A.S.S. MEMBERSHIP NUMBER: _____

HOW DID YOU HEAR ABOUT BASS ANGLERS OF MICHIANA?

EXPERIENCE LEVEL 1-10 (10 being very experience) _____

If you have any questions or concerns feel free to contact John Leader or any of the board members. 574-229-2321

WWW.BASSMICHIANA.COM