

## New York B.A.S.S Chapter Federation 2012 Application For Membership



LOWRANCE



	Please check one:	_ New Member	Renewal			
	GENERAL	INFORMATION				
Name:		SS#:		DOB	:	
Address:			The second secon			
City:		State:	Zip:			
Home Phone:	Cell Phone:	Email:			ramma etim kum ar <b>te sa sautum</b> a getit (1906-1906-1906) etil görleti (1908-1906) etil savaren appapa getit (190 <sub>0</sub> part <sub>e</sub> er e e e e e e	
B.A.S.S. Number:		Club Affiliation	Office	e Held		
Expiration: M	ember 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.		3				
Are you a member of another B.A.S.S	. Federation? If yes, you must	declare your primary s	state B.A.S.S. Federatio	n:		
	EMERGENCY CO	NTACT INFORMA	TION			
Name:	Phone#:		Relationship:			
	OCCUPATION INI	FORMATION (opti	onal)			
Company:	Occu	pation:	Phone	#:		
	NEWS & SPONSOR	INFORMATION (o	ptional)			
News Service:		Contact:				
Email:	Phone#:		Fax#:			
Sponsors:		magnifest to the control of the cont		ona despendente reference de la constitución de la		
BOATER	R INFORMATION (Membe	ers do not need to have	a boat to join the NYBCF			
Boat Make:	Model:		ear: Lengtl	):	Color:	
Boat Reg.#:	Coast Guard HP Rating:		ngine Make:	•	HP:	
Insurance Co.:	Policy	<b>/#:</b>	Expires:			
Address:		Phone#:				
To be a boater you are required t	o carry \$300,000 minimum liability in	surance. A valid certificate	of insurance must be kept in	the boat	at all times.	
	MEMBE	RSHIP DUES				
fearly membership dues are \$20 for the	calendar year Jan 1st to Dec 31s	t. First time members al	so receive a patch.	- Appropriate	\$ 20.00	
Additional patches are available for \$4.00				=	\$	
f you are not a member of a B.A.S.S. affi nembership dues. NYBCF considers the l					\$	
Additional contributions: Youth: \$	Conservation: \$	Scholarship Fund	d: \$	=	\$	
Make check or money order payable to:	NEW YORK B.A.S.S. CHAPTER F	EDERATION (NYBCF)	TOTAL	=	\$	
Mail to: New York B.A.S.S. Chapter Fede	eration, c/o Pete Knight, 309 Pa	rk Street, Fulton, NY 13	069	ar a company of the con-		
Signature:		Date:				