

**ROOSTERTALES
WEST BASS CLUB**

MEMBERSHIP APPLICATION FORM

Name: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work/Cell:** _____

Email Address: _____

Desired Participation: **Boater** _____ **Non Boater** _____

Boat Manufacture: _____

Boat Model: _____ **Length** _____ **Year** _____

Motor Brand: _____ **H.P.:** _____ **Year** _____

Insurance Carrier: _____

Policy Number: _____ **Exp. Date:** _____ / _____ / _____

Membership fees

Roostertales West Boat Club:	\$ <u>20.00</u>
American Bass/Bass Club Insurance:	\$ <u>20.00</u>
Amt Enclosed:	\$ <u>40.00</u>

Signature: _____ **Date:** _____ / _____ / _____