

2018 Bloomington-Normal Bass Club Membership Form

APPLICANT INFORMATION		
Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
Phone	Email	Date
<input type="checkbox"/> FAMILY \$25 <input type="checkbox"/> INDIVIDUAL \$20 <input type="checkbox"/> JUNIOR \$15 (FOR HIGH SCHOOL CLUB OR TEAM MEMBERS)		
Applicant Signature:		
FAMILY MEMBER INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of birth:		Phone:
RELATIONSHIP TO APPLICANT: SPOUSE__ CHILD__ PARENT __ OTHER EXPLAIN _____		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
YOUTH MEMBER INFORMATION		
Name	Address	Phone:
Date of Birth:	Email:	
Current address:	City:	Zip Code:
Club/Team Name:	High School Name:	
Coach/Sponsor Name:	Parent Name:	
PARENT SIGNATURES:		
I authorize the verification of the information provided on this form as to my age and parental consent.		
Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint membership)</i> :		Date: