

2019 Bloomington-Normal Bass Club Membership Form

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|--|-------------------|-----------|
| 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: |