

# 2020 Bloomington-Normal Bass Club Membership Form

|  |                   |           |
|--|-------------------|-----------|
| <b>APPLICANT INFORMATION</b>   |                   |           |
| 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) |                   |           |
| <b>Applicant Signature:</b>  |                   |           |
| <b>FAMILY MEMBER INFORMATION IF JOINT MEMBERSHIP</b>   |                   |           |
| Name:  |                   |           |
| Date of birth:   |                   | Phone:    |
| <b>RELATIONSHIP TO APPLICANT:</b> SPOUSE__ CHILD__ PARENT__ OTHER EXPLAIN_____   |                   |           |
|  |                   |           |
| Phone:   | E-mail:           | Fax:      |
| City:  | State:            | ZIP Code: |
|  |                   |           |
| <b>YOUTH MEMBER INFORMATION</b>  |                   |           |
| Name   | Address           | Phone:    |
| Date of Birth:   | Email:            |           |
| Current address:   | City:             | Zip Code: |
|  |                   |           |
| Club/Team Name:  | High School Name: |           |
| Coach/Sponsor Name:  | Parent Name:      |           |
| <b>PARENT SIGNATURES:</b>  |                   |           |
| 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:     |