

MEN OF HONOR BASS CLUB

Membership Application 2020

Name		
Address		
City	State	Zip
Phone #	Cell #	
E-Mail		
Employer		
Address		
City & State	Phone #	
Emergency Contact: Name, Phone Number & Relationship		
B.A.S.S. Membership #		
Basic Membership #	Federation Membership #	
I, THE UNDERSIGNED, DO HEREBY RELEASE THE MEN OF HONOR BASS CLUB, AND ITS MEMBERS, TOURNAMENT COMMITTEE, OR ANY OTHER PARTIES ASSOCIATED WITH SAID ORGANIZATION, FROM ANY AND ALL LIABILITIES, PERSONAL OR MEDICAL. I AGREE TO PARTICIPATE STRICTLY AT MY OWN RISK OF PROPERTY DAMAGE OR PERSONAL INJURY.		
Signature		
Date		