

2019 Illinois B.A.S.S. Nation Roster



CLUB: _____

CLUB CHARTER NO: _____

President: _____

E-MAIL: _____

Secretary: _____

Email: _____

Initial	FIRST NAME	LAST NAME	ADDRESS	CITY	ST	ZIP	PHONE	B.A.S.S. NO.	E-MAIL

1. All members initialing this roster, and witnessed by the club president as doing so, give the IBN and BASS LLC and all affiliates the right to use their Contact information and likeness in any / all media outlets and Sponsor Programs

2. As President, I certify that the information above is correct and members marked as Associate Members are also members of another organization in competition with B.A.S.S.

President Signature: _____

This roster must be submitted with all of the above information filled in completely.

Return all rosters to: Illinois B.A.S.S. Nation
P.O. Box 393
Braidwood, IL 60408

Member's Dues are \$40.00 per member
This form may be copied or it can be download from
www.illinoisbassnation.com