

Illinois B.A.S.S. Federation Nation



CLUB _____
E-Mail _____

CLUB # _____

Please Print Clearly

Position	First Name	Last Name	Address	City	State	Zip	Phone	B.A.S.S. #	E-Mail	Regular Member	Associate Member
1											
2											
3											
4											
5											
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I certify that the information above is correct; that members marked as Regular Members are not members (or associate members) of any other Club that is affiliated with TBF, or any similar multi-tiered organization seeking to sanction your club if that organization is affiliated with a commercial entity in competition with B.A.S.S. However, those marked as Associate Members above are.

Club President Signature: _____

Return all rosters to: IBFN Secretary

Frank Labanowski
P.O. Box 94
Lacon, IL 61540

This Form may be Copied

Regular Member's Dues are \$20.00 per member. Associate Member's Dues are \$90 per member.

You can also download this form at www.ilfednation.com