



# MT ST HELENS BASS MASTERS MEMBERSHIP APPLICATION

## MEMBER INFORMATION

(ONLY NAME IS NEEDED FOR RENEWAL MEMBERSHIPS IF LAST YEARS INFORMATION IS CURRENT)

NAME:			
DOB:	PHONE:	EMAIL:	
CURRENT ADDRESS:			
CITY:		STATE:	ZIP:
NEW MEMBER	RENEWAL MEMBERSHIP	MEMBERSHIP FOR THE YEAR: _____	FLW #:
(PLEASE CIRCLE ONE)			EXPIRES:

## SPOUSE INFORMATION

NAME:			DOB:
PHONE:	EMAIL:		FLW #:
JOINT MEMBERSHIP?	YES	NO	(PLEASE CIRCLE)
			EXPIRES:

## 2nd EMERGENCY CONTACT OTHER THEN SPOUSE

NAME:		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
RELATIONSHIP:		

## BOAT INFORMATION FOR CLUB TOURNAMENTS

YEAR:	MANUFACTURE:	MODEL:	HP:
HULL IDENTIFICATION NUMBER:			STATE:
CURRENT \$300,00 LIABILITY INSURANCE COVERAGE FOR BOATER	ISSUE DATE:	EXPERATION DATE:	
INSURANCE COMPANY:		POLICY NUMBER:	
VERIFIED BY:			DATE:
BOATER'S EDUCATION CARD	BOATERS EC #:		
VERIFIED BY:			DATE:

## MAIN INTEREST IN CLUB MEMBERSHIP (PLEASE CHECK OR WRITE IN ALL THAT APPLY)

CONSERVATION OF FISH AND LAKES <input type="checkbox"/>	FISHING LEARNING EXPERIENCE <input type="checkbox"/>	YOUTH PROGRAMS <input type="checkbox"/>
FISH IN EVENTS <input type="checkbox"/>	TOURNAMENTS <input type="checkbox"/>	MEET AND GREET EVENTS <input type="checkbox"/>

OTHER:

## CHILDREN UNDER 18 IF MEMBERSHIP PRIVILEGES ARE DESIRED FOR THEM

NAME:	DOB:
NAME:	DOB:
NAME:	DOB:
NAME:	DOB:

## SIGNATURES

By signing this application, you are acknowledging that there are inherent risks associated with boating and participating in fishing club events and are here by willfully releasing Mt St Helens Bass Masters (MSHBM) of having any liability what so ever associated with your participation in a MSHBM event and that any and all claims of injury or damage be it personal or property that you or any family member or guest may sustain or cause during a MSHBM event shall be your sole responsibility. Photos will be taken through out the year, by signing this form you are giving the MSHBM permission to use the photos for purposes of the organization which may include being posted on Social Media, news outlets or other.

SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF SPOUSE (ONLY IF FOR JOINT MEMBERSHIP):	DATE:

MEMBERSHIP DUES ARE \$100 PER PERSON / \$200 PER FAMILY AND EXPIRE ON DECEMBER 31st  
(\$50 FLW/TBF + \$20 WA Bass Federation + \$30 MSHBM = \$100)

DUES PAID (PLEASE CIRCLE)	CASH	CHECK	CHECK #:	RCVD BY:	DATE:
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