

Washington County Bassmasters
Membership Form

Name: _____ Telephone # _____

Address: _____ Work # _____

_____ Bass ID # _____

Boater/Non-boater: _____

Boat Model: _____ Horsepower _____

Vehicle: _____ Plate Number _____

State Federation member yes ___ no ___ State ID# _____

Medical History

List any medical problems that the club should be aware of:

List any prescription drugs that you are currently taking:

Signature: _____ Date: _____