

# NATIONAL BASS ASSOCIATION OF THE DEAF

## APPLICATION FOR AFFILIATION

Please fill out this blank form below for your club Representative to attend the National Bass Association of the Deaf (Annual Tournament) meeting, June 14, 2009.

(PLEASE PRINT)

NAME OF BASS CLUB: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TTY/VP \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

\_\_\_\_\_

The Secretary of the Bass Club and must write the Application for affiliation, include name, addresses, email and phone number of each member and mail to C. Dave Coles, NBAD Secretary/Treasurer, 3828 Dawnview Rd, Chester, Ill 62233-2824. Make out a check or money order (Payable to NBAD) for \$30.00 (affiliation fee) and mail this form to NBAD Secretary before deadline on April 15<sup>th</sup> annually.

Thank you for your Support to NBAD.