## MEMBERSHIP APPLICATION

## **Trophy Bassmasters**PO BOX 525 KENTON, OHIO 43326

	TO DON 02	20 KDIVIOIV, OII	10 10020	
NAME		BIRTH DATE	<u> </u>	AGE
ADDRESS		HOME PH	N	OBILE
CITY	STATE	ZIP	EMPLOYER_	
Email		SPOUSE_		
FLW #	IF YOU A	RE A PRESENT MEN	MBER OF FLW	
HAVE YOU EVER BEEN A ME	MBER OF A BASS	CLUBNAME	OF CLUB	
PERSONAL REFERENCE OF	TROPHY MEMBER	₹		(NOT SPONSOR)
I AGREE TO ABIDE BY	ALL THE RULES A	AND REGULATIONS	OF TROPHY B	ASSMASTERS
	DECOM	AENDED DV		Data
Signature of applicant		MENDED BY ature of Sponsoring T		Date