



Membership Application

**** PLEASE PRINT CLEARLY ****

NAME(S): _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

NEW MEMBER _____ RENEWAL _____ INFO UPDATE _____

ADULT \$25 _____

SENIOR (65+) \$15 _____

JUNIOR (under 16 With Parent / Guardian membership) Free _____

LIFE MEMBER'S DERBY FEE \$10 _____

MSBA MAILING ADDRESS: Massachusetts Striped Bass Association c/o Sons
of Italy 54 Whitman St, Weymouth, MA 02189
ATTN: Membership

For Membership Committee Use Only

Date _____ Cash/Check# _____ Amount _____ Database _____