



MASSACHUSETTS BASS FEDERATION

JUNIOR AND HIGH SCHOOL FEDERATION MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Birth: _____ Grade _____

Parent's Name: _____

Please send two checks; one check for \$25 to The Bass Federation, and another check to Mass Bass for \$5. Please mail the checks as well as this filled out registration form to:

Bob Rivet
637 Church St.
New Bedford, MA 02745
(508) 789-1344

