

NYTBF Annual Collegiate Membership Application

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Email: _____

Are you a TBF Member? Yes: _____ No: _____

If yes, please provide which state: _____

And your TBF member number: _____

Are you an FLW member? Yes: _____ No: _____

If yes, please provide your FLW Membership number: _____

Boater: _____ Non-Boater _____
(Select one)

(If Boater, please provide boat information below and include a copy of your current Boat Insurance document)

Boat Make: _____ Model: _____

Length: _____ Engine HP: _____

Dues: \$55.00 (\$15 National TBF + \$5 state + \$35 FLW)
Please make checks or money order payable to: NYTBF

You can also pay your membership on our website www.nythebassfederation.com via PayPal, for a \$3 service charge (\$15 National TBF + \$5 state + \$35 FLW + \$3 Paypal = \$58).

Please Mail to:
NYTBF
3141 N. South Rd
Port Leyden, NY 13433

or submit via Email to:
nytbinfo@gmail.com



SWIFT. SILENT. SECURE.

