

Greater Oregon TBF (GOT) Membership

Name:		
Mailing Address:		
City	State	Zip Code
Primary Phone:	Cell	Phone
Date of Birth		
E-mail:		
Competitor Membership. All r Other TBF Club members (any which allows you to fish TBF (FLW Outdoors Membership #: do not know it. This membership fee TBF number for the year, contact FLV Primary Oregon TBF Club Affiliation:	nust be current in or state) pay \$20 to b Oregon as well as an establishes a Subscriber W to receive a discount of	rder to compete for NSF Event. ecome secondary GOT members ny GOT Events and qualify for the NSF. Leave blank if you do not have one or r Level FLW membership. Once you have your on FLW Competitor level membership. Leave blank if you er will be issued as your information is being
Amount Paid: CA	SH CHECK - make	checks out to - TBF Oregon
Make Checks Out To: Greater Ore	gon TBF	
Mail To: TBF Oregon c/o Gary Har	ral PO Box 871867	Vancouver WA 98687
You will receive a membership E- Ca	rd from The Bass Feder	ation
RECEIPT OF PAYMENT		
Memberships are valid from J	anuary 1 – Decembe	r 31 of each year.
Name:	Date:	
Amount Paid:	CHECK CASH	
Received By:		