CALIFORNIA STRIPED BASS ASSOCIATION
STOCKTON CHAPTER
P.O. BOX 7922
STOCKTON CA 95267

CALIFORNIA STRIPED BASS ASSOCIATION

CSBA

APPLICATION FOR MEMBERSHIP

Your Information

Name:_____

Address:_____

City:_____ **State:**____ **Zip:**_____

Email:_____

Telephone:_____

Referred by:_____
(name of referring member)

Membership Information

New Member: ☐ **Renewal:** ☐

Annual Dues: $20.00

Additional Family Member: $10.00

Commercial Member: $30.00

Initiation Fee: (each new member) $5.00

Total Paid: $_____

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