



MODESTO CHAPTER

CALIFORNIA STRIPED BASS ASSOCIATION

Application for Membership

Please enter your information and sign the form below.

Mail the form and payment to:

Modesto Chapter

PO BOX 5283

Modesto, CA 95395

modestocsba@gmail.com

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Your Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Signature

To be Completed by Modesto Chapter:

Date: _____ Member#: _____

Annual Dues Member: \$20.00

Additional Family Member: \$10.00

Commercial Member: \$30.00

Initiation Fee: (each new member) \$5.00

Total Paid: \$ _____

Treasurer's Signature