

BSCC 2024

!!!PLEASE PRINT LEGIBLY!!!

Membership Application

Name (Last, First) _____ DOB(MM/DD/YY) _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone: () _____

Email _____

Emergency Contact (Name) _____ Contact Number() _____

Relationship _____

DUES

Please CIRCLE the amount that applies!!!

Lifetime Member \$250.00

2024 Membership (January – December) \$30.00

Weekend Membership (Saturday – Monday) \$10.00

Checks Payable to: BSCC

Mailing Address:

P.O. Box 535,

Bremerton, WA 98337

SIGNATURE

“I (signer) hereby consent to receive all notices and other communication from the Club by electronic transmission (email) at the email address set forth above”

Member (sign): _____ Date _____

BSCC USE ONLY

Membership List Updated _____

Check[] Cash[] Amount _____ Date _____
