

## **Springfield Crappie Club**

## **Membership Application**

Application Da	ate (required):	
Name:	· <del></del>	 
Address:		 
City & Zip		 
Phone:	<del></del>	 
Email:	· <del></del>	 
Signature:		

New Member or Renewal Fees: \$30.00 per year

In signing this application, I hereby waive and release all Springfield Crappie Club members, Springfield Crappie Club officers, and sponsors from all claims of injury or damage incurred with any or all Springfield Crappie Club functions and Springfield Crappie Club tournaments.

Please mail completed application along with a check for a full (two – person) team membership (\$60.00) to:

Springfield Crappie Club P.O. Box 2574 Springfield, IL 62708