

**TIME TO RENEW YOUR DUES!!!**

**DUES FOR 2008 ARE \$20.00 PER PERSON.**

**PLEASE RETURN THE ROSTER I'M SENDING YOU!!!**

DRAW ONE LINE THROUGH THE NAMES ON THE ROSTER THAT **ARE NOT** REJOINING YOUR CLUB.

MAKE CORRECTIONS TO ADDRESSES ON THE CHANGES TO CURRENT MEMBERS SHEET IN A **NEAT, LEGIBLE HANDWRITING**, AND ADD NEW MEMBERS ON THE NEW MEMBERS SHEET. PLEASE **VERIFY INFORMATION** SO THAT EVERYONE GETS THEIR MAGAZINES AND ANY ALBC CORRESPONDENCE.

ALL CLUBS MUST HAVE A **MINIMUM OF 12 PAID MEMBERS**. FOR MEMBERS THAT HAVE ALREADY PAID THEIR DUES THROUGH ANOTHER CLUB, PLEASE LIST THEM ON THE SHEET PROVIDED.

**DEADLINE: MARCH 1 2008. ROSTERS POSTMARKED AFTER MARCH 1<sup>ST</sup> WILL BE CHARGED A LATE FEE. LATE FEES WILL BE \$25.00 PLUS \$1.00 PER EACH MEMBER OVER 25 MEMBERS.**

PLEASE RETURN THE CLUB ROSTER SHEET. THIS TELLS ME WHERE TO MAIL ALL A.L.B.C. CORRESPONDENCE.

BE SURE TO MARK CURRENT OFFICERS IN THE LEFT MARGIN.

**ZIP CODES ARE VERY IMPORTANT. PLEASE INCLUDE THEM.**

IF YOUR AREA CODE HAS CHANGED, PLEASE BE SURE TO MAKE THAT CORRECTION ON THE ROSTER.

IF A NEW MEMBER JOINS YOUR CLUB DURING THE YEAR, PLEASE SEND ME THE INFORMATION REQUESTED ON ROSTER ALONG WITH DUES. NEW MEMBERS MUST BE PAID 30 DAYS PRIOR TO COMPETING IN ANY A.L.B.C. TOURNAMENTS. NEW CLUBS MUST BE PAID BY JUNE 1 TO BE ELIGIBLE TO FISH THE BEST SIX THE FOLLOWING YEAR. NEW CLUB MEMBERS MUST HAVE THEIR DUES PAID BY SEPTEMBER 1<sup>ST</sup> IN ORDER TO BE ELIGIBLE FOR THE NEXT YEAR'S BEST SIX TOURNAMENT.

ONCE YOU HAVE SENT IN YOUR ROSTERS, I WILL THEN MAIL YOU A CURRENT ROSTER.

IF YOU HAVE ANY QUESTIONS, CALL ME AT 337-873-9043 or 337-322-0061. I DO HAVE VOICE MAIL, SO PLEASE LEAVE A MESSAGE SHOULD I NOT BE THERE.

PLEASE MAIL YOUR ROSTERS TO ME, **MAXINE TRAHAN, 272 RUE SEPTEMBRE., SCOTT, LA 70583.**

ONCE AGAIN, PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

# ASSOCIATION OF LOUISIANA BASS CLUBS

## 2008 ROSTER

*PLEASE FILL OUT ALL INFORMATION*

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

CLUB  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

NAME

PHONE

PRIMARY CONTACT \_\_\_\_\_

SECONDARY CONTACT \_\_\_\_\_

OTHER OFFICER \_\_\_\_\_

OTHER OFFICER \_\_\_\_\_

NUMBER OF MEMBERS \_\_\_\_\_ DUES ENCLOSED\$ \_\_\_\_\_  
(Members x \$20.00) (Minimum \$240.00)

LATE FEES ENCLOSED\$ \_\_\_\_\_  
(\$25.00 + \$1.00/Member over 25)

TOTAL ENCLOSED\$ \_\_\_\_\_

SEND ALL ROSTERS TO:

MAXINE TRAHAN  
272 RUE SEPTEMBRE  
SCOTT, LA 70583

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS

337-873-9043 or  
337-322-0061 or  
maxt@lus.org

**2008  
NEW MEMBERS  
PLEASE PRINT CLEARLY**

CLUB NAME \_\_\_\_\_

DISTRICT \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_



