



GEORGIA B.A.S.S. NATION CHAPTER CONTACT FORM

Complete and send one copy to the GEORGIA B.A.S.S. NATION secretary upon affiliation and within 30 days following any election, change of officers [President or Secretary], or change of Chapter Mailing Address.

B.A.S.S. Chapter Number: _____

Chapter Name: _____

PRESIDENT

Name: _____

Address: _____

Home Number: _____ **Work Number:** _____

Cell Number: _____ **FAX Number:** _____

E-Mail: _____

SECRETARY

Name: _____

Address: _____

Home Number: _____ **Work Number:** _____

Cell Number: _____ **FAX Number:** _____

E-Mail: _____

Chapter Mailing Address: _____

Meeting Day/Place/Time: _____

Chapter Annual Election Date [MONTH] _____

GEORGIA B.A.S.S. NATION

971 Madison Road
barrkw@bellsouth.net

c/o Wayne Barr, Secretary

Eatonton, Georgia 31024
wbarr@gabassnation.com

YOUTH DIRECTOR

Name: _____

Address: _____

Home Number: _____ **Work Number:** _____

Cell Number: _____ **FAX Number:** _____

E-Mail: _____

CONSERVATION DIRECTOR

Name: _____

Address: _____

Home Number: _____ **Work Number:** _____

Cell Number: _____ **FAX Number:** _____

E-Mail: _____