



# 2024 BAA MEMBERSHIP FORM

Membership Type: Single (\$25): \_\_\_\_\_ Family (\$35): \_\_\_\_\_ Youth (\$15): \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Show Tab: \_\_\_\_\_

1<sup>st</sup> Name: \_\_\_\_\_ ApHC: \_\_\_\_\_ NonPro: Y N

2<sup>nd</sup> Name: \_\_\_\_\_ ApHC: \_\_\_\_\_ NonPro: Y N

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Home Work Other  
Main Contact Phone Number Circle One

Email Address(1<sup>st</sup> Name): \_\_\_\_\_ @ \_\_\_\_\_

Email Address(2<sup>nd</sup> Name): \_\_\_\_\_ @ \_\_\_\_\_

Children:

Name	Birthdate	ApHC #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Send payment and completed form to BAA Secretary  
 Pat Cote  
 207 Avenue C  
 Rochelle, IL 61068  
 possumom@yahoo.com