

MEMBERSHIP APPLICATION
This application is for membership only.
(16 years old and over)

- New**
- Renewal** Card # _____
- Past Member**

Please print clearly

Name _____

Address _____

City _____ State _____ Zip _____

Phone # (____) _____ Date of Birth ____/____/____

Check box to receive copy of FISHLINE. One copy per household.

\$25.00 Membership Fee

\$15.00 Non U.S. Resident – Shipping and Handling for the FISHLINE mailing

\$_____ TOTAL Check # _____

Check box if moved since last membership

Applicant Signature _____

Date processed in office _____