

MEMBERSHIP APPLICATION

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

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

_____ \$25.00 Membership Fee

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

\$ _____ TOTAL Check # _____

PLEASE PRINT CLEARLY

Name _____

Address _____

City _____ State _____ Zip _____

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

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

Check box if you have moved since your last membership.

Applicant
Signature _____

Witnessing
Agent _____ Date ____/____/____