

THE MUSKELLUNGE CLUB OF WISCONSIN



MEMBERSHIP APPLICATION THE MUSKELLUNGE CLUB OF WISCONSIN

I, (we), the undersigned, do hereby make application for membership in THE MUSKELLUNGE CLUB OF WISCONSIN, a non-profit, non-stock corporation organized and existing under the laws of the State of Wisconsin, and do hereby subscribe to the rules, regulations and charitable and educational principles of the Club and do hereby certify that the following information concerning myself (us), is true and correct to the best of my (our) knowledge and beliefs.

NAME (Husband): _____
First Middle Last

NAME (Wife): _____
First Middle Last

NAME (Junior): _____
First Middle Last

Date of Birth / Junior: _____

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ Email: _____

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|--|-----|----|
| Do you wish to have your home address shown in the club directory? | Yes | No |
| Do you wish to have your phone number shown in the club directory? | Yes | No |
| Do you wish to have your E-mail address shown in the club directory? | Yes | No |

I am (we are) enclosing the amount of \$ _____ covering the first year membership dues. Dues are **\$30.00** per Couple, **\$22.00** Single membership, **\$10.00** Junior membership (age 15 yrs and under). It is my (our) understanding that the first year membership includes an embroidered arm patch, club bumper sticker, and an embroidered club hat. I (we) also understand that I (we) do not participate in any of the awards for fish caught prior to my (our) membership.

APPLICANT'S SIGNATURE Husband: _____

Wife: _____

Junior: _____

Date _____ 20____

APPROVED BY THE BOARD OF DIRECTORS ON _____ 20____

RETURN COMPLETED FORM TO: THE MUSKELLUNGE CLUB OF WISCONSIN
 PO Box 2284
 Brookfield, WI 53008-2284