

THE MUSKELLUNGE CLUB OF WISCONSIN



Annual Membership Dues Renewal Form

Last Name: _____ First Name: _____ MI: _____

Last Name: _____ First Name: _____ MI: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth / Junior: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

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
Do you wish to receive the Club Newsletter by e-mail?	Yes	No
Do you wish to receive other Club Updates, meeting notices by e-mail?	Yes	No

**Renewals must be postmarked by March 31 of the current year.
If your membership card displays the current year, you do not have to renew.**

<u>Dues:</u>	<u>Qty</u>
Junior Membership - \$10	_____
Single Membership - \$22	_____
Couples Membership - \$30	_____

Club Address:
Muskellunge Club of Wisconsin
5843 Nelson Road
Oconomowoc, WI 53066

Total: \$ _____

Send form and money to the club address
Or bring form and money to a monthly meeting.

Email: info@muskellungeclubwi.org
Web Site: www.muskellungeclubwi.org