

The Muskellunge Club of Wisconsin
PO Box 2284
Brookfield, WI 53008-2284

MEMBER AFFIDAVIT FORM

I, _____ hereby swear
(Name) (Address)

that the following statements are the truth, and that the witnesses hereto actually witnessed the weighing and/or measuring of the muskellunge caught by me.

Member Status: Junior ____ Senior ____ Are you a Fishing Guide, check here? ____

The Muskellunge Club of Wisconsin firmly believes in and encourages the Muskellunge release program. However, there are two divisions, **Released** and **Kept**. To qualify for any award in the **Release** division, our club member must measure the fish, take a photo of the fish, and fill out this affidavit form in its entirety. To qualify for any award in the **Kept** division, our club member must measure the fish, weigh the fish, take a photo of the fish, and fill out this affidavit form in its entirety. The affidavit form must be postmarked by the 10th of the following month from the date of catch to qualify for an award.

Length: _____ inches Girth: _____ inches Weight: _____ Lbs. _____ oz.

Released: _____ Kept: _____ Muskellunge Type: True ____ Hybrid ____

Date Caught: _____ Time: _____ Lake: _____

Weather: _____ Shoreline: _____

Type of Bottom: _____ Depth: _____ ft.

Fish weighed at: _____ Certified Scale: Yes ____ No ____
(Place of Business & City)

We, the undersigned, witnessed the weighing and/or measuring of the fish described on this affidavit form and we each verified the weight and/or measurements given.

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Statistics:

Rod: Make/Model _____ Reel: Make/Model _____

Line: Make/ Lb. Test _____ Lure: Make/Type _____

Fish caught while with a guide: No ____ Yes ____ Guide Name: _____

**** A photo of the muskellunge can be sent in separate from the affidavit ****
**** A photo of the muskellunge is needed to qualify for an award ****