



OFFICIAL MEMBERSHIP FORM

PLEASE PRINT CLEARLY & PRESS FIRMLY—CHECK ALL COPIES

Past Membership No. _____ (if applicable)

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

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

Email: _____

* Asterisk denotes required field.

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

- \$35.00 ADULT - Membership Fee
- \$10.00 JUNIOR - Membership Fee (One time fee until 16 years of age)
- \$15.00 Non-U.S. Resident Shipping and Handling Fee for FishLine Mailing

\$_____ TOTAL Check # _____ Credit Card _____

**FishLine will only be mailed to members
over the age of 6. One copy per household.**

Applicant
Signature _____

Parent/Guardian
Signature (if applicable) _____ Date ____/____/____

All fees non-refundable

Southtowns Walleye Association of WNY, Inc.
5895 Southwestern Boulevard, Hamburg, NY 14075

White Copy – Member, Gold - Office Staff