



OFFICIAL MEMBERSHIP FORM

PLEASE PRINT CLEARLY & PRESS FIRMLY—CHECK ALL COPIES

Membership No. _____ (if applicable)

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

*Country _____ *Province _____

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

Email: _____

* Asterisk denotes required field.

- \$50.00 ADULT - Membership Fee
- \$10.00 JUNIOR - Membership Fee (One time fee until 16 years of age)

Cash \$ _____ Check # _____ Credit Card _____

Applicant
Signature _____ Date ____/____/____

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

Witnessing
Agent _____ Date ____/____/____

All fees non-refundable

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

White Copy – Member, Blue - Office Staff