First Wisconsin Muskies Inc.

Membership Application Form

Please print this form, fill-in the appropriate spaces, then write a check or money order payable to: MUSKIES, INC and mail to: MUSKIES, INC.
P.O. BOX 122
Chippewa Falls, WI 54729

Name_____

Address_____

City/State_____zip code_____

Phone(___) - _____ Date of birth _____

Check one: ___ New Member ___ Renewal

If for Renewal: My Membership #_____ Expiration Date_____

___ Regular Member: ___1 yr - $35.00 ___ Two yr - $65.00 ___ Three yr. - $95.00

___ Family: ___1 yr - $47.50 ___ Two yr. - $90.00 ___ Three yr. -$132.50

___ Junior Member(to 18): $20.00

___ Muskie Research Donation $_____

Name of Spouse_____ Age_____

Name of Junior Member_____Birthday of Jr. Member_____

Name of Junior Member_____Birthday of Jr. Member_____