



First Wisconsin Muskies Inc.

Membership Application Form

Please print this form and fill-in the appropriate spaces. If paying by check or money order, make it payable to MUSKIES, INC. Mail to:

MUSKIES, INC.
P.O. BOX 122
Chippewa Falls, WI 54729

Name _____

Address _____

City/State _____ zip code _____

Phone (____) - _____ Date of birth _____ E-Mail _____

Check one: New Member Renewal

If for Renewal: My Membership # _____ Expiration Date _____

Regular Member: 1 yr - \$45.00 Two yr - \$75.00 Three yr - \$105.00

Family: 1 yr - \$57.50 Two yr - \$100.00 Three yr - \$142.50

Junior Member (to 18): \$30.00

Military: \$40.00

Muskie Research Donation \$ _____

Credit Card: MC / Visa _____ Expiration _____

Name of Spouse _____ Age _____

Name of Junior Member _____ Birthday of Jr. Member _____

Name of Junior Member _____ Birthday of Jr. Member _____