



SHEBOYGAN WALLEYE CLUB INC. MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ FAX: _____

** SIGNATURE: _____

By signing this application I agree that I have read and understand all the club rules and policies.

MEMBERSHIP TYPES:

1. NEW _____ RENEWAL _____
2. INDIVIDUAL = \$30.00 _____ FAMILY (Spouse & Children under 18) = \$40.00 _____

NAME OF SPOUSE: _____ Children (under 18): _____

MAKE OF BOAT: _____ GLASS _____ ALUMINUM _____ LENGTH: _____

MAKE OF MOTOR: _____ HP: _____

FAVORITE LAKE OR RIVER: _____

FAVORITE FISHING METHOD: _____

EXPERIENCE ON OTHER BODIES OF WATER: _____

TOURNAMENT EXPERIENCE: _____

** Anyone applying for membership under the age of 16 must have parental/guardian consent.

** PARENT/GUARDIAN SIGNATURE: _____

Please fill out and sign the form, include dues, and bring to the next meeting or mail to:

SHEBOYGAN WALLEYE CLUB
P.O. BOX 145
RANDOM LAKE, WI 53075-0145

The Sheboygan Walleye Club (www.sheboyganwalleyeclub.com)

Meetings are held at 7:00 pm on the 3rd Tuesday of each month at:

The Other Place

406 Broadway St.
Sheboygan Falls, WI
Phone 920-467-3301