Salmon Unlimited Membership Application

Date: Month / Day / Year

Applicant Name:

Last Name | First Name

Spouse's Name (if applicable):

Last Name | First Name

Mailing Address:

Number and Street

City | State | Zip Code

E-Mail Address: (Required for receiving Fish-On Newsletter via emiail notice)

Telephone Numbers:

Daytime Phone: Area Code / Exchange / Number

Cell, or evening phone number: Area Code / Exchange / Number

Membership Type (Please check one)

. . . . . New Membership . . . . . .

☐ Family/ $45 Annual

☐ Jr. Membership (Under 18; grandkids, Friend's kids)

..... Renew Existing Membership . . . . . .

☐ Family/ $35 Annual

☐ Jr. Membership (Under 18, grandkids, Friend's kids)

Boat Information:

Boat Name

Boat Length (in feet) | Boat Make / Model

Please do not mail cash.
Checks or maney orders should be payable to:
Salmon Unlimited of Wisconsin

Mail to:

Salmon Unlimited of Wisconsin
PO Box 081333
Racine, WI 53408