

# MEMBERSHIP FORM FOR MUSKIES, INC.

Please print this form, fill-in the appropriate spaces, then mail with a check or money order payable to: "MUSKIES, INC."

**Send to:**

Muskies, Inc.  
Ellen Wells   
1509 Stahl Road   
Sheboygan  WI.   
53081

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Chapter Affiliation Choice Number – Pomme de Terre Chapter (05)

My Membership # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check one:  New Member  Renewal  Address Change  Gift

**Please choose membership type:**

Check appropriate box(s)

Regular Member 1 yr - \$35.00  Two yr - \$65.00  Three yr. - \$95.00

Family -1 magazine 1 yr - \$47.50  Two yr. - \$90.00  Three yr. - \$132.50

Junior Member(must be under 20 years of age) - \$20.00

Regular Active Military Membership (must use APO/Military Installation address) - \$30.00

Muskie Research Donation \$ \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name of Junior Member \_\_\_\_\_ Birthday of Jr. Member \_\_\_\_\_

Name of Junior Member \_\_\_\_\_ Birthday of Jr. Member \_\_\_\_\_

Name of Junior Member \_\_\_\_\_ Birthday of Jr. Member \_\_\_\_\_

Name of Junior Member \_\_\_\_\_ Birthday of Jr. Member \_\_\_\_\_

A PDF version of this application can be found at: [www.muskiesinc.org](http://www.muskiesinc.org)