



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 _____ E-Mail _____

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 _____