## **Annual Membership Form**

■ New Member

■ Renewal

Muskellunge Club of Wisconsin memberships run for the calendar year – January 1 to December 31. For renewals, please complete and submit this form with your payment by <u>February 15</u> of the current year.



Name:	Email Address:
Address:	
City:	State: Zip:
Primary Phone:	Alternate Phone:
	r timely club announcements will be emailed to you. o not have access to email so we can mail items to you.
Family Information:	
Name:	Email Address:
	Email Address:
Junior Member* Date of Birth:	·
	Email Address:
Junior Member* Date of Birth:	
	Email Address:
Junior Member* Date of Birth:	
Dues: ☐ Single (\$35) ☐ Fam	nily** (\$40) Membership Dues: \$
** A family membership can be 1) a married or unmarried or grandparent with one or more junior children or grandbut may have one email address per family member at	ge of 18. (Please provide additional junior members on the back of this form.) ed couple with or without junior children or grandchildren; 2) a single parent dchildren. A \$40 family membership can have only one snail mail address no additional cost. For each additional snail mail address, a \$10 fee will be (Please provide additional snail mail addresses on the back of this form.)
	member of the Muskellunge Club of Wisconsin (MCW), the undersigned elves and their guests to appear in MCW newsletters, announcements, ms of print, digital and video media.
release from all liability and hold harmless The Mus representing or related to this 501(c)(3) Non-Profit injuries including death and property losses or da mentioned Business. The undersigned does hereby	d their children or grandchildren named above agrees and does hereby skellunge Club of Wisconsin (MCW) and any of its members and officers company. This liability release is for any and all liability for personal image in connection with any activity or accommodation of the above further agree to abide by all the rules and regulations that are presented laws of the state of Wisconsin in Waukesha County and any applicable
Signature:	Date:
Signature:	Date:

Please bring completed form with payment to a club function or mail to our club address below.

Muskellunge Club of Wisconsin PO Box 2284 Brookfield, WI 53008-2284

Email: info@muskiewi.org

Website: http://www.muskiewi.org

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