

# 2020 Membership Application

Walleye Searchers of Minnesota

P.O. Box 5812

Rochester, MN 55901

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

(Please write clearly.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Member Name: \_\_\_\_\_

\_\_\_\_\_ \$25 New Membership

\_\_\_\_\_ \$35 Renewal Membership

Received by \_\_\_\_\_ (Officer initials)