

2025 Membership Application

Walleye Searchers of Minnesota

P.O. Box 5812

Rochester, MN 55901

(Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

*****Do Not Write Below This Line*****

Member Name: _____

Member Name: _____

_____ \$25 New Membership

_____ \$35 Renewal Membership

Received by _____ (Officer Initials)