



**NORTH PLATTE WALLEYES UNLIMITED**  
**PO BOX 1363, CASPER, WY 82602-1363**

## Membership Application Form

Just fill out this form, print it out and mail it to the address above

Is this application for a *(New Membership\_\_\_)* or a *(Renewal Membership\_\_\_)*?

(Please place an "X" in the appropriate blank above)

Is this application for a *(Single Membership\_\_\_)* or a *(Family Membership\_\_\_)*?

(Please place an "X" in the appropriate blank above)

If Family Membership, please indicate the **number of persons** in your immediate family\_\_\_?

Name(s): \_\_\_\_\_ (Include spouse's name for a family membership)

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

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we publish your name and phone number in a membership directory accessible by other members? *(Yes\_\_\_)* or *(No\_\_\_)*? (Please place an "X" in the appropriate blank above)

**Note: Annual membership fees are \$20.00 for a single membership or for a family membership. A membership year runs from March through February of the following year. Make checks payable to the club at the address as stated in the letterhead of this document.**

Currently we mail out a Newsletter at the beginning of each month. Please let us know how you would like to receive your copy. *(Paper/Mailed copy\_\_\_)* or *(Digital/E-mailed\_\_\_)* (Please place an "X" in the appropriate blank above)

**Note: If choice is digital method of delivery- must provide email address above with application.**

Amount Enclosed: \_\_\_\_\_ (Annual Membership fee- \$20.00-payable to NPWU)

Applicant Signature: \_\_\_\_\_