

**WESTERN FISHBOAT OWNERS ASSOCIATION
RECREATIONAL /SPORT VESSEL MEMBERSHIP APPLICATION**

VESSEL NAME : _____

CONTACT PERSON: _____

DOC or STATE #: _____

MAILING ADDRESS: _____

TELEPHONE: () _____

E-MAIL: _____

ANNUAL DUES - \$ 200.00

I hereby apply for Supporting Membership in Western Fishboat Owners Association

Signature

Date

PLEASE ENCLOSE CHECK WITH APPLICATION FORM OR ENTER CREDIT CARD INFORMATION:

Visa____, Mastercard____ American Express____

Credit Card # _____ Exp Date ____/____.

Name on card: _____ Card Code _____

Address: _____

Amount USD \$ _____.

I wish to receive newsletter by: Email as PDF , Via Snail Mail