WESTERN FISHBOAT OWNERS ASSOCIATION
VESSEL MEMBERSHIP APPLICATION

VESSEL NAME:_____________________________________ DOCUMENTATION#:_________________________

OWNER:_________________________________ ADDRESS:___________________________________________
___________________________________________________________________________________________

POSTAL CODE:____________________ PORT OF DOCUMENTATION:____________________________________

PHONE:________________________________________ RADIO CALL SIGN:______________________________

VESSEL E-MAIL:__________________________________ E-MAIL:______________________________________

HOME PORT:____________________________________ VESSEL VALUE: (optional)_________________

LENGTH:_______________ CAPACITY: (tons) __________ GEAR:(bait, jig) _______________________

REFRIGERATION:(brine, blast, ice, coils, etc.)_____________________________________________________

OTHER FISHERIES: Crab___, Shrimp___, Swordfish___, Salmon___, Groundfish___, Squid___, Other___________

DISTRICT: (pick) BC,___ PUGET SOUND,___ AST/WEST,___ NEWPORT/COOS,___ EUREKA / FB,___ SF / OAK,___ MOSS,___ MORRO BAY/SANTA BARBARA,___ SO/CAL-SAN DIEGO/HAWAII,___ NEW ZEALAND,___

I hereby apply for membership in Western Fishboat Owners Association. As a member I will comply with the bylaws of the association and all rules and regulations of the Board of Directors. Final approval of membership will take place at next directors meeting, you retain all membership privileges in the meantime.

SIGNATURE:__________________________________________________ DATE:_____________________

First Years Dues: If You Caught (Albacore) in Prior or Ongoing Season ;

< 10 Tons - $ 150.00
10-50 Tons - $ 350.00
50 - 100 Tons - $ 400.00
> 100 Tons - $ 500.00

Make Check or Money Order Payable to WFOA, P.O. Box 992723, Redding, CA 96099, or Enter Credit Card Information:

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

Visa_____ Mastercard_____, AX_____
Credit Card # ____________________________ Exp Date ____/_____
Name on card if different from above:_________________________________________________________
Address if different from above:_____________________________________________________________
CC Code: ___________ Amount USD $___________.

Check one - Send the newsletter by - Email in PDF format ☐, or Snail Mail ☐

Referred By: (Optional)____________________________________________