

Card Number



# Membership Application

New  Renewal

Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail \_\_\_\_\_ @ \_\_\_\_\_

*\*\* Note that your monthly Hook'n Line newsletter will be sent to this email address \*\**

*\*\* If you do not have an email address, your newsletter will be sent via US postal service \*\**

Do you wish your e-mail address printed in the roster book? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Boat \_\_\_\_\_

***IMPORTANT: Please Return Application With Payment to:***

***To: SALMON UNLIMITED***

***c/o Massard Foot and Ankle Clinic***

***321 Railroad Avenue***

***Bartlett, Illinois 60103***

Office Use Only

Date \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Receipt \_\_\_\_\_ Kit Given \_\_\_\_\_ Sent \_\_\_\_\_

Year Joined \_\_\_\_\_ M 5 10 15 20 25 30 35 Card # \_\_\_\_\_