



Membership Application

Jan-Dec

\$20.00 for 1 year

\$50.00 for 3 years

Name _____

Street address _____

City _____

State _____ **Zip** _____

Phone _____

Email _____

**Required in order to receive the monthly
Newsletter.**

Monthly newsletter link is sent via email.

Make check payable to:

Wisconsin Smallmouth Alliance

Mail to:

Wisconsin Smallmouth Alliance Ltd.

2701 Gust Road

Verona, WI 52593

2019GZ