



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
communications regarding meetings, events,
membership, etc.**

**Make check payable to:
Wisconsin Smallmouth Alliance**

Mail to:

Wisconsin Smallmouth Alliance Ltd.

2701 Gust Road

Verona, WI 53593

2024MS