

WTA MEMBERSHIP APPLICATION & MEMBERSHIP RENEWAL FORM

Your Name _____ Boat Name & Size _____

Mailing Address _____ City, State, Zip _____

Cell Phone (____) _____ Home Phone (____) _____

Email Address _____

Troll License(s) - Circle at that apply: WA OR CA AK ALBACORE

Port of Registration: ILWACO PORT ANGELES WESTPORT

New Membership Membership Renewal

Annual Membership Rates (full calendar year):

Individual Membership \$250 \$ _____

Business Associate \$75 \$ _____

Combined Individual and Business \$300 \$ _____

Retired \$50 \$ _____

One-percent (1%) Season donation, if not contributed through buyer \$ _____

Additional donation to help us represent trollers at meetings, with marketing, and in season-setting \$ _____

I would like to receive my newsletter via email.

I would like a subscription to *Fisherman's News* OR *Pacific Fishing* \$ _____

OR BOTH add \$12 \$ _____

TOTAL ENCLOSED: \$ _____



Please complete this form and return it with your check payable to WTA, and mail to PO Box 1821, Westport WA 98595.