



2015 Membership Application

Walleye Searchers of Minnesota

P.O. Box 5812

Rochester, MN 55901

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Work: _____

Cell: _____

Email: _____

(Please write clearly.)

Signature: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE*****

Member Name: _____

_____ \$25 New Membership

_____ \$35 Renewal Membership

Received by _____ (Officer initials)