



INVITATION – APPLICATION FOR 2025 MEMBERSHIP

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____

Please review criteria and fees for the following:

I am a: New Member _____ (\$50 One Time Initiation Fee / \$50 Annual Dues for 2025)

Existing Member _____ (\$50 Annual Dues for 2025)

Existing Member Number _____

Youth Member (Under the age of 19) _____ (Free Membership for 2025)

I accept/request membership into Western NY Walleye and that the standards are limited to persons of good moral character with the organizations Mission Statement kept in mind. I recognize the importance of rendering my personal service to the organization, and to the community with the other likeminded individuals within this organization. I understand that my membership is not valid until this application is reviewed by the board. Once that process is completed and I have been notified, all applicable fees will need to be paid within 30 days.

Signature: _____ Date: _____

P.O. Box 352, Athol Springs, NY 14010