

PATHFINDER BOAT AND FISHING CLUB

MEMBERSHIP APPLICATION FORM

NAME(S) _____ / _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE NUMBERS:

HOME _____ CELL _____ WORK _____

OCCUPATION(S) _____ / _____

BOAT MAKE _____ BOAT SIZE _____ FT.

BOAT NAME _____ BOAT NO. _____

Do you have special skills/talents or service you would be willing to share with the Club or any recommendations for making the Club better:

MAIL DUES TO:

PATHFINDER BOAT AND FISHING CLUB
Attn: MEMBERSHIP
P.O. BOX 1728
CASPER, WY 82602

ANNUAL DUES

_____ Single Membership \$35.00 @ year

_____ Family Membership \$50.00 @year

Number in Family _____

DUES TO BE PAID BY JANUARY 1ST OF EACH YEAR

Signature(s) _____ / _____

Commodore _____

Date _____