



**LAKE HURON FISHING CLUB
MEMBERSHIP APPLICATION**
P.O.BOX 355, SOUTHAMPTON, ONT., N0H 2L0
E-Mail: fish@bmts.com
Webpage: www.lakehuronfishingclub.com.

RENEWAL:

NEW:

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____

POSTAL CODE: _____ PHONE: _____

AGE: _____ OCCUPATION: _____

DO YOU WISH TO RECEIVE YOUR NEWSLETTER BY EMAIL: YES NO

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP

- | | | |
|-----------------------|---------------|--------------------------|
| JUNIOR (under 18 yrs) | 1 yr \$15.00 | <input type="checkbox"/> |
| ADULT | 1 yr \$35.00 | <input type="checkbox"/> |
| ADULT | 3 yr \$90.00 | <input type="checkbox"/> |
| FAMILY | 1 yr \$40.00 | <input type="checkbox"/> |
| FAMILY | 3 yr \$105.00 | <input type="checkbox"/> |
| CORPORATE | 1 yr \$40.00 | <input type="checkbox"/> |
| CORPORATE | 3 yr \$105.00 | <input type="checkbox"/> |

INFORMATION FOR FAMILY MEMBERSHIPS

NAME OF SPOUSE: _____

DEPENDENT CHILDREN: _____

AGE: _____
 AGE: _____
 AGE: _____
 AGE: _____

**WE WOULD LIKE TO HAVE YOUR COMMENTS.
WRITE THEM OUT ON A SEPARATE SHEET AND ATTACH TO THIS FORM.**

CLUB INVOLVEMENT

I WISH TO BE A SUPPORTING MEMBER ONLY. PLEASE DON'T CALL

I WISH TO HELP IN THE FOLLOWING AREAS:

- | | | | |
|---------------------|--------------------------|------------------|--------------------------|
| DERBY WEIGH STATION | <input type="checkbox"/> | DERBY COMMITTEE | <input type="checkbox"/> |
| STREAM ENHANCEMENT | <input type="checkbox"/> | COMPUTER WORK | <input type="checkbox"/> |
| TROUT HATCHERY | <input type="checkbox"/> | KINCARDINE DOCKS | <input type="checkbox"/> |
| SALMON HATCHERY | <input type="checkbox"/> | WHEREVER NEEDED | <input type="checkbox"/> |

PLEASE MAKE CHEQUE PAYABLE TO "LAKE HURON FISHING CLUB"

SIGNATURE: _____ DATE: _____