



Western Washington Walleye Club

- For membership application, please complete the following form and send to:

The Western Washington Walleye Club
P. O. Box 4204
Kent, WA 98032

Membership Application

Date of Application: _____

Last Name: _____

First Name: _____

Your Month of Birth: _____

Spouse's Name: _____

Spouse's Month of Birth: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Other Phone: (____) _____

E-Mail Address: _____

Specify type of membership desired:

- Family - \$25 per year
- Family Lifetime - \$250