



New Member Registration Form

Required Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Date of Birth: _____

Optional Information - Membership may include minors under the age of 18 in the same household:

Name _____ Email _____ DOB _____

Name _____ Email _____ DOB _____

Name _____ Email _____ DOB _____

Name _____ Email _____ DOB _____

Office use only

New Member: _____ Renewal _____

\$25 Membership/Renewal Received Cash/Check/Credit: _____

Board Member Initials: _____ Date: _____

If mailing, please include check (not cash) payable to Twin Cities Walleyes Unlimited.

Address: TCWU c/o Ben Roach 4820 Bryant Ave Minneapolis, MN. 55419