

NEW MEMBERSHIP APPLICATION (for new members only)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

TU does not make email addresses available to outside parties, for any reason, ever.
Please help us conserve resources by providing your email address.

Enclosed is my employer's matching gift form,
plus this new membership application and payment.

SEND APPLICATION AND PAYMENT TO:



Trout Unlimited
P.O. Box 98166
Washington, DC 20090-8166

MEMBERSHIP CATEGORIES*

- Special New Member Rate (\$17.50)
- Senior (\$20) Family/Contributor (\$50)
- Youth (\$20) Sponsor (\$100)
- Regular (\$35) Conservator (\$250)

For additional membership categories, please call 1-800-834-2419

PAYMENT METHOD

- Check Visa MC AMEX Discover

Make checks payable to Trout Unlimited

Card #: _____ Exp: _____

Name on card: _____

*Canadian membership – please add \$5 per year, all other countries add \$20 per year.
Membership contributions are tax deductible as allowed by law.

To ensure correct New Member Rebate, enter Chapter/Council #:

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