



Twin Ports Walleye Association Membership Form

Yes, I want to become a member of the Twin Ports Walleye Association. I have enclosed my \$20.00 membership fee.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone # () _____ -- _____

E-Mail: _____

Send me future e-mail correspondence relating to TPWA.

Make checks payable to:
Twin Ports Walleye Association
630 S. 63rd Avenue West
Duluth, MN. 55807-2101
(218) 391-6874

Referral:

Do you know someone who might be interested in becoming a member?

Name _____ Phone # _____

E-Mail: _____

www.twinportswalleye.com
E-Mail: tpwaduluth@hotmail.com