

WESTERN FISHBOAT OWNERS ASSOCIATION
VESSEL MEMBERSHIP APPLICATION

VESSEL NAME: _____ DOCUMENTATION#: _____

OWNER: _____ ADDRESS: _____

POSTAL CODE: _____ PORT OF DOCUMENTATION: _____

PHONE: _____ RADIO CALL SIGN: _____

VESSEL E-MAIL: _____ E-MAIL: _____

HOME PORT: _____ VESSEL VALUE: (optional) _____

LENGTH: _____ CAPACITY: (tons) _____ GEAR:(bait, jig) _____

REFRIGERATION:(brine, blast, ice, coils, etc.) _____

OTHER FISHERIES: Crab ____, Shrimp ____, Swordfish ____, Salmon ____, Groundfish ____, Squid ____,
Other _____

DISTRICT: (pick) BC ____, PUGET SOUND ____, AST/WEST ____, NEWPORT/COOS ____, EUREKA / FB ____, SF / OAK ____,
MOSS ____, MORRO BAY/SANTA BARBARA ____, SO/CAL-SAN DIEGO/HAWAII ____, NEW ZEALAND ____

I hereby apply for membership in Western Fishboat Owners Association. As a member I will comply with the bylaws of the association and all rules and regulations of the Board of Directors. Final approval of membership will take place at next directors meeting, you retain all membership privileges in the meantime.

SIGNATURE: _____ DATE: _____

First Years Dues \$ 300.00 USD, or \$125.00 If You Caught less than 10 Tons in Prior or Ongoing Season.

Make Check or Money Order Payable to WFOA, P.O. Box 992723, Redding, CA 96099, or Enter Credit Card Information:

PLEASE ENCLOSE CHECK WITH APPLICATION FORM OR ENTER CREDIT CARD INFORMATION:

Visa ____, Mastercard ____, Sorry we do not take American Express

Credit Card # _____ Exp Date ____/____.

Name on card if different from above: _____

Address if different from above: _____

Amount USD \$ _____.

Check one - Send the newsletter by - Email in PDF format , or Snail Mail