

WESTERN FISHBOAT OWNERS ASSOCIATION

Supporting Membership Application (For Fishing-Related Businesses, Support Industries, Et al.)

Business Name:		
Contact Person:		
Mailing address:		
Telephone:		
E-Mail:	Busi	ness Website:
Nature of Busines	S:	
I hereby apply for a Supporting Membership in Western Fishboat Owners Association. I understand that this membership has restrictions. I further understand that, should the cooperative ever declare a dividend or dissolve, I will not be eligible to receive any funds as a Supporting Member.		
☐ Basic Suppo ☐ Associate S ☐ Executive So ☐ Premier Suppo	desired membership tier: orter\$150 upporter\$250 upporter\$500 oporter\$1,000 rter\$2,500 upporter\$2,500	
Signature:		Date:
Make check or money order payable to: WFOA 2108 N St STE#8469 Sacramento, CA 95816		Members will receive newsletters as they are distributed. Please select the format you'd like to receive: Mailing address
If paying by credit ca	rd, please fill out below:	mastercard.
Card #: Exp Date: CVV Code:		
Name on Card:		
Billing address:		
Amount USD \$:		