



Muskies Inc Membership Application Form – Brainerd Lakes Chapter 24

Please print and fill out the below application. Mail your check, money order or CC # made payable to “Brainerd Muskies Inc” and send to: Brainerd Muskies Inc, 9143 Lone Pine Road, Brainerd MN 56401.

First Name _____ Last Name _____

Address _____

City/State _____ Zip Code _____

Phone _____ Date of Birth _____

Email Address _____

Chapter Affiliation: Brainerd Lakes Chapter 24

Membership Number (If past/current member) _____

Membership Expiration Date _____

Check One: New Member Renewal

Check if appropriate: Address Change Email Change

Payment Method: Cash Check Credit Card (Visa or Mastercard)

Credit Card # _____ Exp _____ CVC Code (3 digit) _____

Membership Type (check appropriate boxes)

Regular Individual 1 Year(\$45) 2 Year (\$75) 3 Year (\$105)

Family 1 Year (\$57.50) 2 Year (\$100) 3 Year (\$142.50)

Individual Website Only (no magazine) 1 Year (\$35)

Regular 1 Year Junior Membership (\$30) Date of Birth _____

Regular 1 Year active military membership (must use APO/military installation address) (\$30)

Name of Spouse _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____