



World Walleye Association

Remit To:
World Walleye Association
C/O Casey Felling
1151 Woodview Drive
Libertyville, IL 60048

2019 Annual Membership Registration

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

TWF Membership #
(If Available) _____

Select One

\$78 WWA Annual Membership (Includes Walleye Federation Membership) *

\$36 WWA Annual Membership only - Must be current TWF member for calendar year*

*Includes Processing Fees

Signed _____