

Wyoming Outfitters & Guides Association

MEMBERSHIP APPLICATION

*Outfitter Member * Co-Outfitter Member
Voting Guide Member * Associate Guide Member
Associate Member * Lifetime Member * Professional Member*

**P.O. Box 2650, Casper, WY 82602-2650
PH: 307-265-2376 * FAX: 307-265-2523
E-mail: wyoga@wyoga.org * WEB: www.wyoga.org**

*Become a member of the Wyoming Outfitters and Guides Association.
Help to keep the rights and use of public lands in Wyoming secure.*

Receive up-to-date information regarding hunting and outfitting information from Wyoming. Membership includes a current copy of "Wyoming Outdoors" The Official Publication of the WYOGA. Membership offers you the opportunity to attend our annual meetings each December and April. After enrolling as a member of WYOGA you will receive a certificate of membership.

Name: _____	License #: _____		
(Please attach to this application a 50 word Biography that describes your outfitting business)			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone: _____	FAX: _____		
E-mail: _____	WEBSITE: _____		
<input type="checkbox"/> Check here if you wish to be listed in the "Find an Outfitter" section of the WYOGA website, and then choose the Wyoming Game & Fish regions you officially hunt in for your listing(s):			
<input type="checkbox"/> Cody Region	<input type="checkbox"/> Sheridan Region	<input type="checkbox"/> Dubois/Lander Region	<input type="checkbox"/> Casper Region
<input type="checkbox"/> Green River Region	<input type="checkbox"/> Laramie Region	<input type="checkbox"/> Jackson-Pinedale Region	

VOTING MEMBERSHIP DUES

- \$600.00 **1 Year** Outfitter Membership \$100.00 **1 Year** Co-Outfitter Membership
 \$50.00 **1 Year** Voting Guide Membership

NON-VOTING MEMBERSHIP

- \$10.00 **1 Year** Associate Voting Guide Membership (Appointed by Outfitter Member)
 \$25.00 **1 Year** Associate \$60.00 **3 Year** Associate \$500.00 **Lifetime** Associate
 \$750.00 **Professional** Associate

RENEWING _____ NEW _____ YEAR _____

Check Enclosed # _____ VISA MasterCard
Credit Card #: _____ Card Exp. _____
Date: _____ Signature: _____