

**2016 FOAM OUTFITTER
Member Application**

Annual Outfitter dues: \$125

IMPORTANT INSTRUCTIONS

1. Fill out membership application
2. Write **\$125** check payable to **FOAM**
3. Fill out insurance questionnaire, calculate premium rate
4. Write insurance check payable to **Bissell Agency**
5. Put FOAM application, insurance questionnaire, and both checks in ONE ENVELOPE
6. **MAIL to: FOAM, Box 67, Gallatin Gateway MT 59730**

(Please Print in Readable Block Letters)

Name _____

Address _____

City _____ State _____ Zip _____

Business Name _____ MT Outfitter License No. _____

Phone _____ E-mail _____

Check FOAM Voting Region:

Region 1, Flathead Area

Region 5, Madison

Region 2, Bitterroot/Clark Fork

Region 6, Gallatin

Region 3, Missouri

Region 7, Yellowstone

Region 4, Beaverhead/Big Hole

Region 8, Bighorn/Ft. Peck

I agree to abide by the Association Constitution, By-laws, and Code of Ethics.

Date _____ Signature _____

Membership year: January 1 through December 31, 2016

Membership questions? Call 406-763-5436