

F.O.A.M. OUTFITTER MEMBER APPLICATION
January 1 through December 31, 2008

Getting Both Insurance and Membership?

Mail:

- completed membership application,
- \$125 membership check payable to FOAM,
- completed insurance form(s),
- insurance check payable to Montana International Insurance
to: **M.I.I., PO Box 3089, Butte MT 59702-3089**

Getting Membership Only?

Mail:

- membership application,
- \$125 membership check payable to FOAM
to: **FOAM, PO Box 67, Gallatin Gateway MT 59730**

I agree to abide by the Association Constitution, By-laws, and Code of Ethics and make application to be accepted as an Outfitter Member of the Association with annual dues of **\$125** for this membership year.

(Please Print in Block Letters)

Name _____

Address _____

City _____ State _____ Zip _____

Business Name _____ Outfitter License No. _____

Phone _____ E-mail _____

Principal Waters Utilized _____

FOAM Voting Region _____ (Choose one region, either by residence
or by majority of your outfitted use)

- | | |
|---------------------------------|----------------------------|
| 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 |

Date _____ Signature _____

Membership questions? Call 406-763-5436