

Chitina Dipnetters Association

Mail-in Membership Form

This is a: *new membership* *membership renewal* *change of address*

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email address: _____

Years Dipnetting: _____ (optional)

Years in Alaska: _____ (optional)

Print and mail this application with a \$20 check to:

Chitina Dipnetters Association
PO Box 35230
Ft Wainwright, Alaska 99703

Or join online at <http://shop.chitnadipnetters.com>