



Please print and mail to:

Virginia Waterfowlers' Association
Attn: Secretary
P.O. Box 26002
Richmond, VA 23260

Name _____

Address _____

City _____ State _____ Zip _____

Phone(____) _____

Email address _____

DOB (Youth Only) _____

I hereby make application to the VAWFA.

Please check one:

- 1. One year Regular Membership \$ 15.00
- 2. Two year Membership \$ 25.00
- 3. Junior Membership: age 17 and under \$ 5.00
- 4. Annual Corporate Sponsor \$250.00
- 5. Gold Sponsor: donate \$250 in cash or value of services rendered/year. \$250.00

How did you hear about the VAWFA? _____

Signature _____

Date _____