

Washington Fish Growers Association

10420 - 173rd Ave SW

Rochester, WA 98579

Phone: (360) 489-4532

www.wfga.net

dansw@wfga.net

Membership Application

Name of member: _____

Company name: _____

Mailing address: _____

Mail contact person: _____

Phone: _____ Fax _____

Email: _____

Website: _____

Type of interest or involvement in aquaculture:

Estimated Annual Dues _____ (See dues schedule)

Membership Agreement

I would like to be considered for membership in the Washington Fish Growers Association according to the provisions and conditions in its Articles and By-laws. I acknowledge that I must be approved for membership by the WFGA Board of Directors and must keep my dues current to remain a member in good standing. (See dues schedule.)

Signed: _____ Date: _____