

**2010 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 \_\_\_\_\_

Circle your 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, 2010.

Membership questions? Call 406-763-5436