

# Sunriver Anglers Membership Form:



Please mail this form with your \$25 check to:

**Sunriver Anglers**  
**PO Box 4273**  
**Sunriver, OR 97707**

Name\_\_\_\_\_

Spouse/Partner Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Email Address\_\_\_\_\_

Phone(SR)\_\_\_\_\_Phone(Other)\_\_\_\_\_

**New Member**  **Renewal**  **Name/Address/Phone/Email Change Only**