

OFWIM 2009 Organizational Membership Form

Use the form below to become an Organizational Member or renew your current Organizational Membership. Organizational Members may list up to six (6) individuals who will have full member privileges. These individuals will be entitled to vote in the annual elections and hold office. Current members are notified of new newsletters and have access to special OFWIM web content. Current members also receive a discount on 2009 conference registration.

The 2009 OFWIM annual membership period is January 1, 2009 through December 31, 2009. To become an OFWIM Organization Member, please complete and mail the form below with a check or money order (in U.S. dollars) payable to **OFWIM**. Please list the names and contact information for up to six (6) individuals on the form below. An organization may have more than one Organizational Membership. For additional Organizational Memberships, please submit a separate list of individuals for each Membership (up to 6 per Organizational Membership).

Send completed form and payment to:

Kristin Rogers, OFWIM Treasurer
c/o FL Fish and Wildlife Conservation Commission
7922 NW 71st St.
Gainesville, FL. 32653
(352) 955-3211 ext.106
kristin.rogers@myfwc.com

OFWIM 2009 Organizational Membership Form

Organization Name: _____

Primary organization contact:

Name: _____

Title: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____

How did you hear about OFWIM? _____

OFWIM 2009 Organizational Membership Form (continued)

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Memberships

Annual Dues

Organization Membership – 2009 (you must list up to 6 individuals for Individual Memberships)

\$ 100

Number of Organizational Memberships

X _____

Please pay in U.S. dollars!

\$ _____

Please list up to 5 individuals below plus the Primary Organizational Contact above (for a total of 6), within your organization for Individual Membership:

1) Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____

2) Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____

3) Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____

OFWIM 2009 Organizational Membership Form (continued)

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4) Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____

5) Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone:(____) _____ Fax:(____) _____

Email: _____