

**2017 FOAM GUIDE
Member Application**

Annual Guide dues: \$75

NEW MAILING ADDRESS

1. Fill out membership application
2. Write a **\$75** 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: BISSELL AGENCY, 4055 Valley Commons Dr, Unit A, Bozeman MT 59718**

(Please Print in Readable Block Letters)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Montana Guide License No. _____ (Must be current for 2015. 'Pending' not accepted)

Your Montana Guide License must be valid before we can issue insurance!

Please check one: Independent Contractor Outfitter's Employee*

*Employing Outfitter Name _____

Circle your FOAM 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 _____

**REMEMBER! NEW MAILING ADDRESS:
Bissell Agency, 4055 Valley Commons Dr, Unit A, Bozeman MT 59718**

Membership year: January 1 through December 31, 2017

Membership questions? Call 406-763-5436 * Insurance Questions? Call 406.586.6230