

FOAM OUTFITTER Member Application

Annual Outfitter dues: \$125

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 checks in ONE ENVELOPE
6. **MAIL to: Bissell Agency, 4055 Valley Commons Drive, Unit A, Bozeman MT 59718**

(Please Print in Readable Block Letters)

Year _____

Name _____

Address _____

City _____ State _____ Zip _____

Business Name _____ MT Outfitter License No. _____

Phone _____ E-mail _____

Check One FOAM Voting Region (where you live or work most): **NOTE NEW REGION AREAS**

Region 1: Flathead, Bitterroot, Clark Fork

Region 5: Gallatin

Region 2: Missouri

Region 6: Yellowstone, Boulder

Region 3: Beaverhead, Big Hole, Ruby

Region 7: Bighorn, Ft. Peck Reservoir

Region 4: Madison

I agree to abide by the Association Constitution, By-laws, and Code of Ethics.

Date _____ Signature _____

REMEMBER! MAILING ADDRESS:

Bissell Agency, 4055 Valley Commons Drive, Unit A, Bozeman MT 59718

Membership year: January 1 through December 31

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