

**FOAM OUTFITTER
Member Application**

Annual Outfitter dues: \$125

1. Fill out membership application
2. Write a **\$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 Dr,
Unit A, Bozeman MT 59718**

(Please Print in Readable Block Letters)

Year _____

Name _____

Address _____

City _____ State _____ Zip _____

Business Name _____ MT Outfitter License # _____

Phone _____ E-mail _____

Circle your FOAM Region:

Region 1: Flathead, Bitterroot, Clark Fk

Region 5: Gallatin

Region 2: Missouri

Region 6: Yellowstone, Boulder

Region 3: Beaverhead, Big Hole, Ruby

Region 7: Big Horn, Ft. Peck Reservoir

Region 4: Madison

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

Date _____ Signature _____

Membership year: January 1 through December 31

Membership Questions? Call 406.925.2276 (cell)
Insurance Questions? Call 406.586.6230