



KANSAS CHAPTER OF THE AMERICAN
FISHERIES SOCIETY

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

E-MAIL: _____

MEMBERSHIP YEAR: 20_____ DUES ENCLOSED: _____

(Regular \$10, Student \$5) Make checks payable to: KSAFS

Send completed application to:
Eric Johnson
Kansas Department of Wildlife and Parks
512 SE 25th Ave.
Pratt, KS 67124