

Show-Me Muskie Project Enrollment Form



Angler's Name (please print) _____

Mailing Address (and zip) _____

Home Phone _____ Work Phone _____

E-Mail Address _____

How would you rate your current muskie fishing proficiency and experience? (check one)

Note: It is difficult for some of us to "categorize" ourselves, but it is very important that you honestly select the choice which is closest to describing you at this point in time.

- A. Highly skilled and very experienced
- B. Moderately skilled with "some" or "lots" of experience
- C. Relatively unskilled, or inexperienced, or both

Are you a Muskies, Inc. member? (check one) YES NO

If not, would you like to be contacted by Muskies, Inc.? (check one) YES NO

Please return to:

Craig Fuller, Muskellunge Program Coordinator
Missouri Department of Conservation
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Lebanon, MO 65536
(417) 532-7612, ext. 6344
Craig.Fuller@mdc.mo.gov