



I hereby make application for membership in the Idaho Outfitters and Guides Association.

- Dues are \$25 per fiscal year
- Membership is based on the IOGA fiscal year of July 1 – June 30.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Benefits you receive as an Individual Associate Member of IOGA include:

- A copy of our FYI Bulletin (6-8 times per year)
- Information regarding IOGA meetings
- Opportunity to purchase Life Flight membership at a reduced price
- Opportunity to purchase Globalstar Satellite phones at a reduced price
- A copy of the annual IOGA Directory of Guided Outdoor Adventures

Enclosed is my dues payment of \$25

Payment Method: _____ Check/Money Order _____ Credit Card (Visa or MasterCard Only)

If paying by credit card, please complete the following:

Card Number: _____ Expiration Date: _____

Signature: _____

Fax to: (208) 338-7830 or mail to: IOGA, P O Box 95, Boise, ID 83701

Phone: (208) 342-1438