

WISCONSIN OUTFITTERS ASSOCIATION HEADQUARTERS

PRESIDENT – **Mike Noskoviak**

61108 Wiberg Rd • Ashland, Wisconsin 54806

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Ph) 715/278-3238 Fx) 715/278-3237

BOARD OF DIRECTORS

PRESIDENT – Mike Noskoviak
Superior Guides & Outfitters
Ashland, WI
715/278-3238
715/413-1163
superiorguides@cheqnet.net

1ST VICE-PRESIDENT – Butch Fox
Bluff Bucks Outfitters
Buffalo County, WI
608/685-4736
715/459-2277
info@bluffbucks.net

2ND VICE-PRESIDENT – Rob Kaminskis
Beaver Creek Outfitters
Racine, WI
262/634-8050
262/497-4954

SECRETARY – Jason Sibben
Bayfield County, WI
715/765-4265
715/413-0782

WISCONSIN OUTFITTERS ASSOCIATION CODE OF ETHICS

Members of the association and their employees will be required to cooperate with land owners and the public with respects to their rights and privileges. Members will endeavor to promote and practice ethical hunts. There shall be full cooperation between members of the association and the Wisconsin Department of Natural Resources, United States Forest Service, State land officials and other government agencies, and fully adhere to their laws, rules, and regulations. Members will always endeavor to employ an adequate number of well trained and courteous personnel to take care of their guests. Members will not misrepresent their rates, services or accommodations. Failure of members to adhere to this Code of Ethics will be subject to reprimand, suspension or expulsion from this association.

W.O.A. GOALS

- Insure a standard of professionalism in the growing Wisconsin Outfitting Industry
- Create public awareness on wildlife issues
- Promote hunting in Wisconsin
- Assist wildlife agencies on important wildlife issues

MEMBERSHIP APPLICATION

Please Print Clearly

ANNUAL MEMBERSHIP:

- \$35.00 - Associate Membership
 \$70.00 - Guide Membership
 \$625.00 - Outfitters Membership

- New Membership
 Renewal
For Calendar Year 20__

DATE: ____ / ____ / ____

NAME: _____

OUTFITTER / BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: WI ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BUSINESS PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

WEB SITE: http:// _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Please check the appropriate box(es), complete the application information above and return to the W.O.A. Headquarters office with your payment.

Wisconsin Outfitters Association

Attn: Mike Noskoviak
61108 Wiberg Rd.
Ashland, WI 54806

Please be prompt in responding.

Please enclose your payment in full for your dues.

PAYMENT PLANS ARE AVAILABLE FOR LIFE MEMBER APPLICATIONS.

TO BE ELIGIBLE TO VOTE YOUR DUES MUST BE CURRENT.

Renewal notices will be sent in time to insure your voting privileges.

Return White Copy with Payment • Retain Yellow Copy for your records