

Utah Fishing Outfitter and Guide Association (UFOGA) Membership Application - Guide

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|-------------------|--|
| LAST NAME | |
| FIRST NAME | |
| ADDRESS | |
| CITY | |
| STATE, ZIP | |
| PHONE 1 | |
| PHONE 2 | |
| EMAIL | |

| | |
|---------------------------|--|
| CPR PROVIDER | |
| EXP. DATE | |
| FIRST AID PROVIDER | |
| EXP. DATE | |

| | |
|-----------------------------|--|
| SPONSORING OUTFITTER | |
|-----------------------------|--|

I the undersigned, certify that I am a fishing guide operating in the State of Utah. I am certified in CPR and basic first aid. My certifications are valid and current. I understand that as a member of UFOGA I represent not only myself and the outfitter I am contracting with, but the body of UFOGA as a whole. While I am guiding in the State of Utah I agree to conduct my business in a professional and ethical manner consistent with industry standards and the standards set forth by UFOGA. I agree to provide my clients with a safe and enjoyable experience to the best of my abilities.

Signature

Date

Guide membership dues \$25.00

Please remit payment to:

UFOGA

P.O. Box 683267

Park City, Ut 84068