

Membership Application

CASCADE FAMILY FLYFISHERS APPLICATION FOR MEMBERSHIP/MEMBERSHIP RENEWAL

Mail To: Cascade Family Fly Fishers, P.O. Box 70303, Springfield, OR 97475

Please print legibly:

Member #1 _____ Nickname _____ DOB(optional) _____

Member #2 _____ Nickname _____ DOB(optional) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email: _____ Cell Phone _____

Occupation and/or employer _____

The following information is requested in order to maintain a data base of our member's knowledge and experience which may be of help in club activities. Please be as complete as possible

As a fly caster are you: Novice _____ Average _____ Proficient _____ Expert _____

Club members are asked to consider serving on at least one committee of their choice to assist the committee chairperson when required. Number your choices from 1-3 of the following committees:

Newsletter _____ Program _____ Membership _____ Raffle _____ Conservation _____

Education _____ Auction _____ Outings _____ Library _____ Webmaster _____ Fly Tying _____ Volunteering _____

Would you be interested in serving as an officer or Director? Yes No

If yes, what position would you prefer? _____

Complete dues as follows:

_____ \$35.00 Individual or Family Membership, if paying by **check or cash**

_____ \$36. Individual or Family Membership (includes 1 name tag and 1 pin) if paying **online**

_____ Student \$15.00

“

_____ Associate (resident outside Lane County) \$10.00 “

“

Additional name tags \$11.00 each Additional club pins \$3.00 each

Total amount due \$ _____

Signature _____ Date: _____

I do _____ do not _____ authorize the printing of my contact information in the club directory.