

MEMBERSHIP / RENEWAL APPLICATION

COPY OR TEAR OUT THIS FORM ... INCLUDE CHECK PAYABLE TO DFF

New Member or Renewing My Membership (Check one)

Name _____ Spouse's name _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Business phone _____

Cell phone _____ E-mail address _____

Do you want email address published in the directory? Yes No (check one)

For family membership (list other immediate family members) _____

Are you a member of the Federation of Fly Fishers? Yes No (check one)

Receive Monthly Newsletter by: EMAIL or USPS (check one)

\$30 for individual \$36 for family – Full Year

\$15 for individual \$18 for family – 2nd Half of Year

After Oct. 1st ... just pay for the following year

Mail to: **DALLAS FLYFISHERS**
422 Provincetown Lane
Richardson, TX 75080

Check # _____ (Payable to : **DFF**)