

# MEMBERSHIP / RENEWAL APPLICATION

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

New Member  or Renewing My Membership  (Check one)      Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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 current member of the Federation of Fly Fishers? Yes  No  (check one)

Receive Monthly (The Leader) Newsletter by EMAIL? Yes  No  (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**

1421 Salado Drive

Allen, TX 75013

Check # \_\_\_\_\_ ( Payable to : **DFF** )