



\_\_\_\_\_(Year) **MEMBERSHIP APPLICATION**  
**FIRST COAST FLY FISHERS**  
**WWW.FCFF.ORG**

New       Renewal       Youth/Student

**Member Information** (If renewing, only complete the information that has changed)

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

Name (Age) of Fly Fishing Children \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check this box if you do not use or have access to email.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Blood Type: \_\_\_\_\_ Allergies? \_\_\_\_\_

Current Medications? \_\_\_\_\_

Any Current Medical Conditions? \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Interests \_\_\_\_\_

Who or what influenced you most to take up fly fishing and/or join FCFF? \_\_\_\_\_

**Membership Dues**

Annual Club Membership is \$100 and includes all family members. Please make checks payable to:  
*First Coast Fly fishers*

*Please Return Application To:*

**Payment Type**

Check - Check No. \_\_\_\_\_

Cash

First Coast Fly Fishers  
 Membership Chariman  
 PO Box 16260  
 Jacksonville, FL 32245-6260

**Fly Fishing Experience**

**Overall Fly Fishing Background**

Please rate your overall fly fishing experience by checking the appropriate boxes

Freshwater       Saltwater       Both Fresh/Saltwater  
 Beginner       Moderate       Advanced

**Casting Proficiency**

Please rate your casting proficiency

Beginner - Little or no experience, or would like to learn the basics of fly casting  
 Intermediate - Know the basic principals and would like to improve accuracy and/or distance  
 Advance - Able to accurately cast an 8-wight line 60-feet with relative ease.  
 Instructor - Professional fly casting instructor and/or guide.

**Fly Tying**

Fly tying is not a critical element of fly fishing; but, it is fun and rewarding. Rate your fly tying experience

Non-tyer       Beginner       Intermediate       Advanced or Professional Tyer

**Boat**

Please provide information regarding whether or not you own a boat, kayak or canoe

- Boat Owner  
Make \_\_\_\_\_ Type/Size \_\_\_\_\_
- I do not own a boat

**Club Participation**

FFCF is a not for profit club. Its success relies solely on its members who serve on the board; plan outings/events; and conducting special activities. Please indicate any areas of interest you are willing to provide assistance. Please be assured we are happy to have you as a member regardless of your level of participation.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Youth Instruction      | <input type="checkbox"/> Fly Tying Instruction     |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Conservation/Education | <input type="checkbox"/> Take a new member fishing |
| <input type="checkbox"/> Banquet        | <input type="checkbox"/> Membership             | <input type="checkbox"/> Registration Table        |
| <input type="checkbox"/> Fund Raising   | <input type="checkbox"/> Casting Instruction    | <input type="checkbox"/> Fishing Outings           |
| <input type="checkbox"/> Selling Ads    | <input type="checkbox"/> Greeting Guests        |  |

**Suggestions**

We are always open to suggests on how to improve our club. Your suggestions are always welcomed.

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What suggests do you have for programs and monthly meetings (Topics and Speakers)?

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What suggests do you have for club outings (where to go, what to fish for)?

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If you are a renewing member, what could be done differently to better satisfy your fly fishing interests?

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**Application and Release (You must sign this release in order to become a member)**

I, the undersigned, hereby apply for membership or renewal in the First Coast Flyfishers (FCFF) Club of Jacksonville, Florida, Inc. I understand the inherent risk in participating in the activities of FCFF, including fishing trips of one day or longer. I further understand that I am solely responsible for all costs of medical treatment and transportation.

I, release, indemnify, and hold harmless, FCFF, its officers, directors and members against any and all claims for personal injury, disease, death and property damage or loss that may arise out of, or be connected in any way with, any FCFF activity. I assume the risk of undertaking all FCFF activities, including related to travel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If this is a youth membership, a parent or guardian must sign. If you are signing for a youth member:*

Print your full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_