



_____(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

FCCF 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.

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

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

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

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: _____