



_____ (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: _____

YES Check YES if you agree to have you name and email address included in the annual membership directory that will be distributed to members only otherwise, NO.
 NO

Emergency Contact Name: _____ Phone: _____

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 your spouse/partner and all family members 18 years of age and under. Please make checks payable to: *First Coast Fly Fishers*
Also, please email a photo of yourself with or without fish to redfish@fcff.org.

Please Return Application To:

Payment Type
 Check - Check No. _____
 Cash

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

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

I hereby apply for membership or renewal in the First Coast Fly Fishers (FCFF) Club of Jacksonville, Florida, Inc. I understand the inherent risk in participating in the activities of FCFF, including outings and meetings. I also understand that I am responsible for all costs of medical treatment and transportation incurred while participating in any FCFF-sponsored activity/event.

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

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: _____