

Santa Cruz Fly Fishermen Membership Application Form

Type of Membership

\$ 30 ___ Individual Membership

\$18 ___ Junior Membership (12 yrs. or under)

\$ 50 ___ Family Membership

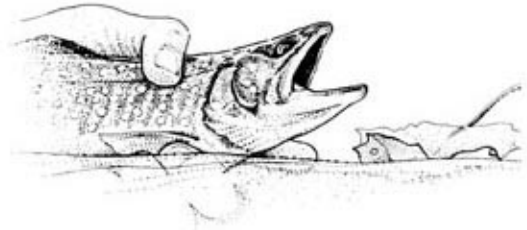
___ Lifetime Member

___ Honorary Member

New or Renewal Membership?

___ New Member

___ Renewing Member



First Name _____ **Last Name** _____

(for family membership only: spouse's name, additional family members' names)

Mailing Address: _____

(street or P.O., apt. #)

(city)

(state, zip)

Phone Numbers: _____

(home)

(work-optional)

E-Mail and/or Web Address: _____

Personal Information: *(optional)* _____

(please tell us a little about yourself; how you came to the club, what are your expectations, etc.)

* I agree to waive receipt of the print newsletter _____ (check)

Note: Please **PRINT** clearly:

We want to get your information accurately, so it will appear in our membership roster correctly.

Waiver of Liability: By signing this membership form and joining the Santa Cruz Fly Fishermen, you agree to assume any risk, take full responsibility, and waive any and all claims of personal injury, damage to personal property and death relating to membership and participation in the Santa Cruz Fly Fishermen.

Signature _____ Date _____

Please mail your completed membership application and a check for your dues, made out to the Santa Cruz Fly Fishermen to:

**Santa Cruz Fly Fishermen
Attn: Membership Director
P.O. Box 2008
Santa Cruz, CA 95063-2008**