

FREE STATE FLY FISHERS, INC.
Membership Application



Name: _____
(First) (Last)

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

If renewal → Is this a new address, phone number or email address? ___ Yes ___ No

Dues: \$15.00 per year

Payment Method: Cash ___ Check ___

Make checks payable to: FREE STATE FLY FISHERS, INC.

Renewal ___ New Member ___

May we share your contact information with other club members? ___ Yes ___ No

Would you like to be assigned a mentor to help you learn the sport? ___ Yes ___ No

Are you a member of Fly Fishers International? ___ Yes ___ No

Send Application and Payment to:

Frank Bowne
3523 Tallyho Ct.
Davidsonville, MD 21035-2436