

**FLY FISHERS CLUB OF ORANGE COUNTY
APPLICATION FOR MEMBERSHIP**

Deliver at Club meeting or Mail to:

Fly Fishers Club of Orange County
P.O. Box 23005, Santa Ana, CA
92711-3005

Attention: Membership Committee

Please Print legibly

Regular Member(s) (age 16 and over) Fee \$45.00

Name: _____

Associate Member (Spouse and/or children age 15 and under, membership paid by Regular Member): No Fee

Spouse: _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Life Member: No Fee

Name: _____

Honorary Member: No Fee

Name: _____

Member: New _____ Renewal _____ If there are No Changes since last year mark here _____

Address: _____ City: _____ Zip: _____

Home Phone (_____) _____ Business Phone: (_____) _____

Email: _____ Occupation: _____
(optional)

May we e-mail your Newsletter? No ___ Yes ___

Email address _____

How did you learn of the Club? (New members): Website _____, Club Newsletter _____, Member _____,
Brochure _____, Federation of Fly Fishers _____, Newspaper _____

Membership Fees:

Active Membership Regular \$45.00

Dues for applicants elected to membership after October 1 shall be considered paid for the following membership year.

Attached is my total remittance of \$ _____ which covers dues of \$45.00 for the current year plus donations listed below. If I am elected to membership in the Fly Fishers Club of Orange County, I hereby agree to abide by the Rules and Constitution and Bylaws of the Club. *Make check payable to FFCOC or insert Visa/Mastercard (only) info below.*

By paying your dues and becoming a member of the FFCOC, you are authorizing the Club to provide your contact information from our Member Directory to those speakers and vendors who make donations to our club. |

Initial here: _____

Signed: _____ Date: _____

Interested in:

- | | | | |
|----------------------------------------|-------------------------------------------|----------------------------------|----------------------------------------------|
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Education | <input type="checkbox"/> Casting | <input type="checkbox"/> Casting Instruction |
| <input type="checkbox"/> Fly Tying | <input type="checkbox"/> Rod Building | <input type="checkbox"/> Outings | <input type="checkbox"/> Mentor Program |
| <input type="checkbox"/> Stream Keeper | <input type="checkbox"/> Special Projects | | |

Donations:

Conservation \$ _____ Foundation \$ _____ Trout in the Classroom \$ _____ Wounded Warrior \$ _____

Visa / Mastercard Card Number: _____

Name on Card: _____

Expiration. Date: _____ **Security Code (last 3 numbers on the back of card)** _____

Membership/Treasurer Only

Application Received: _____ Total Received: \$ _____ Processed CC: _____

Entered in Database: _____ Mug/Name tag/Patch: