

OZARK FLY FISHERS MEMBERSHIP APPLICATION

NAME: _____

NUMBER & STREET: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

Club Memberships

(Choose all that apply)

Federation of Fly Fishers

Trout Unlimited

Smallmouth Alliance

Annual Membership Dues

(choose one)

Individual (\$25)

Senior (65+) (\$15)

Family (\$30)

Junior (<19) (\$15)

Commercial (\$50)

Corporate (\$250)

Members wishing to receive the Newsletter by
email only please check the box at the right

Membership Standards of Ozark Fly Fishers

I pledge my support of these membership standards:

1. To choose fly fishing as my primary method of angling
2. To limit my kill, not kill my limit, releasing the majority of fish caught
3. To support all efforts for improvement of the outdoor environment

I support these standards and apply for membership in Ozark Fly Fishers
and enclose \$_____. (Make checks payable to Ozark Fly Fishers)

Signature: _____

Date: _____

After filling out this form, sign and mail it with your check to:
Ozark Fly Fishers, c/o Treasurer, P.O. 19753, St. Louis, MO 63144

The following applies to Illinois residents only Ozark Fly Fishers is affiliated with the Southern Council of the Federation of Fly Fishers (FFF). FFF members who are Illinois residents and want to be members in the Southern Council of the FFF instead of the Great Lakes Council should check the box below and initial.

Initial here _____