



North Arkansas Fly Fishers Membership Information

Name _____ Spouse's First Name _____
(PLEASE PRINT CLEARLY)

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell Phone () _____ Occupation _____
(If retired, what was your occupation?)

E-Mail Address _____

Agreement for Membership / Waiver of Liability

In consideration of participating in North Arkansas Fly Fishers activities and/or events, I hereby indemnify and hold harmless and release North Arkansas Fly Fishers; its officers, Board of Directors, Members and Agents from any and all liability for any injury suffered by myself arising from or connected with club activities or events. I understand the inherent risk in participating in activities of North Arkansas Fly Fishers and I assume all risk for any injury received and agree to hold the organization free and harmless from any and all costs, expenses and attorneys' fees incurred in connection with any action, claim or demand brought thereon.

Signature _____ Date _____

This is a . New Membership Renewal Change
(Select all that apply)

Membership Categories

Please check your selection.

	Newsletter Via E-Mail	Newsletter Regular Mail
Individual	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25
Family	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Sponsorship	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
Individual Life	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275
Senior Life	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250
Sr. Family Life	<input type="checkbox"/> \$175	<input type="checkbox"/> \$275
Family Life	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450

(Sponsors, Please supply current business card.)

Please help us tailor the club's activities to your needs by checking or completing any of the following that apply:

- Do you regularly fish in Lakes Ponds Rivers Salt Water?
- Do you own a River Boat Lake Boat Canoe Other (type?) _____
- Would you like to participate in a Fishing Buddy Program? (Fish with other club members)? Yes No
- Are you a member of F.F.F. # _____ T.U. # _____ Other (name?) _____
- Would you be willing to help the club as a Board Members Committee Member Worker?
- What types of programs would you like to see at the meetings? _____

- Could you put on a program? Yes No Subject? _____

MAIL TO: NAFF MEMBERSHIP, P.O. BOX 1213, MOUNTAIN HOME, AR 72654

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Dues rec'd for _____ (year)	Mailing list updated	Membership directory updated
By _____	by _____	by _____
Date _____	Date _____	Date _____