

Cape Lookout Fly Fishers ~ Membership Application

Please Print

Name(s) _____

Mailing Address _____

City, State, Zip _____

Phone: Home _____ Cell _____

E-mail and/or Website: _____

Individual

\$ 30.00 -Yearly

\$300.00 Lifetime Membership

Family

\$45.00 - Yearly

\$450.00 Lifetime Membership

Note: There is no charge for children, or children of relatives under the age of 16. Family membership is intended for a couple or husband and wife.

Personal Information (Optional)

1. Number of years you have been saltwater fly fishing _____
2. Willing to serve on the Board of Directors? Yes or No (circle one)
3. Willing to serve as an Officer? Yes or No (circle one)
4. Willing to serve as a Volunteer? Yes or No (circle one)
5. Would you take other members fishing? Yes or No (circle one)
6. Fly Tier: Yes or No (circle one)
7. Number of years tying flies _____
8. Most effective pattern _____
9. Do you have a boat? Make _____ Model _____ Size _____

Mail Application and check to:

Jill Toler

304 Battleground Ave.

New Bern, NC 28560

RELEASE STATEMENT

I _____ (print name), do hereby release the Cape Lookout Fly Fishers from any liabilities suffered as a result of any Cape Lookout Fly Fishers meeting, sponsored event or tournament. I also release any club officers or board members or volunteers of any liabilities. I acknowledge this by signing at the bottom of this release form.

Applicant's Signature _____ Date: _____