

# CLARK SKAMANIA FLYFISHERS MEMBERSHIP APPLICATION

Annual dues are \$45.00 payable to CSF, PO Box 644, Vancouver, WA 98666

New Membership \_\_\_\_\_ Renewal \_\_\_\_\_ Are you an FFF member? \_\_\_\_\_

Name: \_\_\_\_\_

Second member name (e.g. spouse) if wanted (note: no additional charge) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second phone: \_\_\_\_\_

Email address \_\_\_\_\_

Second email address for spouse to get "The Broken Barb" \_\_\_\_\_

Name you would like on the nametag (if new member) \_\_\_\_\_