

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) _____