

MEMBERSHIP APPLICATION FORM

Columbia Basin Fly Casters

Post Office Box 791

Richland, WA 99352 2015

Date: _____

Name _____

Renewal, no change in address/phones/ email

Street Address: _____

City: _____

State: _____ ZipCode: _____

Primary Phone: _____

Work Phone: _____

Email: _____

Name(s) of Family Member(s) or Business

ANNUAL DUES:(Please Check One)

Please **make checks payable to CBFC**

Family Membership (\$35)

Business Membership (\$50) Includes business-card size, fishing-related advert in newsletters. Send artwork as xxx.jpg digital file to editor

Who can we thank for referring you to our Club?

To be completed by Treasurer:

___ Cash ___ Check # _____

Membership Database updated: _____