

**ROCKPORT FLY FISHERS
Club Membership Form**

Please Print

NAME _____

NEW _____

RENEW _____

CHANGES FROM previous year? _____ NO (JUST CHECK & SIGN)

_____ YES (UPDATE BELOW)

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE (hm) _____ (mo) _____

(wk) _____ (alt) _____

MEMBERSHIP TYPE

_____ INDIVIDUAL \$25

_____ FAMILY \$35 (NAMES: _____)

_____ YOUTH (AGE 16 OR LESS) \$15

_____ SPONSORSHIP \$100 Please provide your logo in a .jpg to

SVCaretta@yahoo.com for use in our newsletter and website.

SIGNATURE _____ DATE _____

Mail Completed Form and Check to:

Rockport Fly Fishers
1420 W 12th St
Rockport, TX 78382