

ROCKPORT FLY FISHERS

Club Membership Form

Please Print

NAME _____

NEW _____
RENEW _____

CHANGES FROM LAST? _____ 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 or .gif format to
RockportFlyFishers@sbcglobal.net for use in our newsletter and website.

SIGNATURE _____ DATE _____

Mail Completed Form and Check to:

Rockport Fly Fishers
1919 Hwy 35 North #41
Rockport, TX 78382