MEMBERSHIP APPLICATION

(2025-2026)

Surname **First Name** **Preferred**

Address

Postal Address

Email address

Phone **Home** **Work** **Mobile**

Membership Type (circle) **Adult ($40)** **Junior - under 16 (Free)** **Family ($48)**

Family member names

Years of fly fishing experience? **Preferred method? (e.g. Nymph, Dry, Wet, Lake, River)**

What do you want out of your membership of KFFC? e.g. field trips; mentoring; increase fly fishing knowledge; fellowship; field information

Where did you find out about Kapiti Fly Fishing Club?

Signed: **Dated:**

Please: **Complete this application form and email to kffcsecretary@gmail.com**
To help us, we appreciate you paying your membership fee direct to account: Kapiti Fly Fishing Club Inc , 031531-0042482-00 (Westpac Coastlands), and putting your name in the reference field.