

APPLICATION FOR MEMBERSHIP

Surname:		First Name:		Preferred:	
Address:					
Postal Address:					
Email address:					
Phone:	Home		Work	Mobile	
Membership Type: (circle)		Full (\$38)	Junior (Free)	Family (\$46)	
Family member/partne	er names:				
Years of fly fishing experience?		Preferred method? (e.g. Nymph, Dry, Wet, Lake, River)			
-	-	-	C? E.g. field trips	mentoring; increase fly f	ishing
knowledge; fellowship	; field informati	ion			

Please email the completed application form to kffcsecretary@gmail.com
Please pay your membership fee to account: 031531-0042482-00 (Westpac Coastlands), using your surname as the reference.

Website: www.kapitiflyfishing.org