



**APPLICATION FOR MEMBERSHIP**

\* = Required      \*\* = Optional

- \* 1. NAME: \_\_\_\_\_
- \* 2. ADDRESS: \_\_\_\_\_
- \* 3. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Optional and Confidential

- \*\* 4. HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_
- \*\* CELLULAR PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_
- \*\* 5. EMAIL: \_\_\_\_\_
- \*\* 6. FAMILY MEMBERS NAMES AND AGES: \_\_\_\_\_  
\*\* \_\_\_\_\_
- \*\* 7. OCCUPATION: \_\_\_\_\_
- \*\* 8. TYPE OF BOAT YOU OWN (CANOE, KAYAK, ETC.): \_\_\_\_\_
- \*\* 9. WHAT IS YOUR FLOAT FISHING AND BOATING EXPERIENCE AND TRAINING?  
\*\* \_\_\_\_\_
- \*\* 10. IS THERE ANY PRESENT PHYSICAL CONDITION WE NEED TO BE AWARE OF?  
\*\* \_\_\_\_\_
- \*\* 11. LIST SPECIAL INTERESTS AND ABILITIES (FLY TYING, PHOTOGRAPHY, WRITING,  
\*\* CONSERVATION, ETC): \_\_\_\_\_
- \*\* 12. WHY DO YOU WANT TO BECOME A MEMBER OF THE FLOAT FISHERMEN OF VIRGINIA? \_\_\_\_\_  
\*\* \_\_\_\_\_

I AGREE THAT I WILL UNDERTAKE ALL CLUB ACTIVITIES, INCLUDING FLOAT TRIPS, SOLELY AT MY OWN RISK AND WILL MAKE NO CLAIM FOR INJURY OR DAMAGES AGAINST THE CLUB, ITS OFFICERS OR MEMBERS.

\_\_\_\_\_  
SPONSOR (Must Be Member in Good Standing)

\_\_\_\_\_  
(Signature of Applicant)

ANNUAL DUES (State only) - \$ 15.00 per family

Chapter dues are the responsibility of the individual chapter and are not included in the state dues. Our chapters would prefer you come to some of our functions before you decide which one you wish to join.

If you have already contacted a chapter, enter it here \_\_\_\_\_

Float Fishermen of Virginia, Inc  
c/o Katherine Waller, Treasurer  
P. O. Box 1895  
Hayes, VA 23072-1895