



Southland Fly Fishing Club Inc. Membership Application Form

Firstname: _____ Surname: _____

Email Address: _____

Phone Number: _____ Cell phone: _____

Subscription (circle one) **Adult** \$30 / **Family** \$40 / **Junior** \$10 (under 16 on 1st of July)

Address: _____

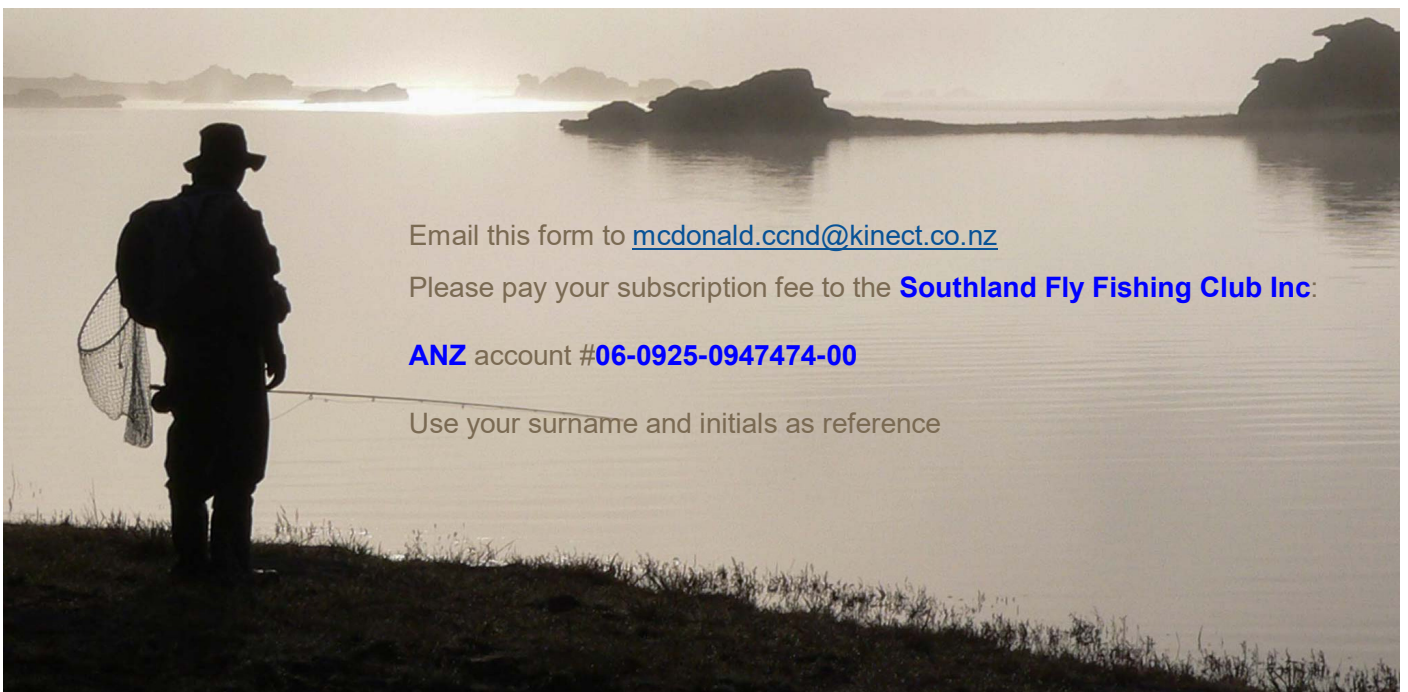
Town/City: _____ Postal Code: _____

Would you like to learn fly tying? _____

What else can we help you with? _____

I consent to being a member of the Southland Fly Fishing Club Inc:

Signature: _____ Date: _____



Email this form to mcdonald.ccnd@kinect.co.nz

Please pay your subscription fee to the **Southland Fly Fishing Club Inc:**

ANZ account #**06-0925-0947474-00**

Use your surname and initials as reference