

MEMBERSHIP APPLICATION

for the

CAPITAL CITY FLY FISHERS

Home based in Jefferson City, MO

www.capitalcityflyfishers.org

Full Name: _____

Family Members: _____

(Family/household members living with you are included in your membership)

Address: _____

Street

Apt. No.

City

State

Zip Code

Phone Number: _____

Home

Cell

Work

E-Mail Address: _____

Signature: _____ Date: _____

Please enclose a check in the amount of Twenty Dollars (\$20) payable to "**CAPITAL CITY FLY FISHERS**" with this completed form, and mail to the club Treasurer at:

Jack Kramer
1731 Overlook Drive
Jefferson City, MO 65109