



FLYFISHERS' CLUB OF OREGON

EST. 1961

MEMBERSHIP APPLICATION FORM

Please fill in and mail with payment to:
PO Box, 218, Portland, OR 97207, Attn: Membership Chair

APPLICANT NAME: _____

DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Your talents and interests (fly tying, rod building, photography, writing, etc..)

Membership Type:

- Regular: Any resident of Oregon who resides within 25 miles of Portland, OR lives within 25 miles of the Oregon border and within 25 miles of Portland. (\$100 annual dues)
- Associate: Anyone who qualifies as a regular member but lives more than 25 miles from Portland. (\$50 annual dues)
- Non-resident: Anyone who lives outside of the state of Oregon and more than 25 miles from Portland. (\$40 annual dues)

SIGNATURE: _____

Thank you for supporting the Flyfishers' Club of Oregon. Please watch your email for our monthly e-newsletter and meeting announcements.

For more Information contact info@flyfisherscluboregon.com

<https://flyfisherscluboregon.com>