



2011 Membership Application / Renewal

Name: _____

Address: _____

City/State/Zip: _____

Phone (Home/Cell): _____

Phone (Office): _____

Email: _____

Federation of Fly Fishers Member: Yes ___ No ___

HOAFF Newsletter: Mail ___ Email ___ Both ___

Annual Dues \$30.00 _____ Make check payable to: **Heart of America Fly Fishers**

Send to: **Heart of America Fly Fishers**
Membership
P.O. Box 731
Shawnee Mission, KS 66201

Committee Interest:

Newsletter	___	Library	___	Conservation	___
Programs	___	Web Master	___	FFF Coordinator	___
Education	___	Raffle/Auction	___	Membership	___
Outings	___	Spring Program	___	Event Coordinator	___

How did you learn about our club?

___ Website

___ Flyfishing Shop _____

___ Other _____