

**4th Corner Fly Fishers - APPLICATION FOR MEMBERSHIP**

Upon your completion of the membership requirements and identifying two club sponsors, you may apply for membership to the 4th Corner Fly Fishers Club. Upon receipt of this application, your record of completion of membership requirements, and payment for the Annual Membership Dues, at the next Board meeting, at which both your sponsors must attend or provide written support, the Board will vote on your application for membership. Upon approval by the Board, your application will then be voted on by the general membership.

Applicants Name: \_\_\_\_\_

Spouse: (Family Membership)\_\_\_\_\_

Children: (Family Membership) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone (H): \_\_\_\_\_(W): \_\_\_\_\_

Phone (C): \_\_\_\_\_ Email: \_\_\_\_\_

**4CFF Club Sponsors:**

\_\_\_\_\_

\_\_\_\_\_

***I/We acknowledge that I/We have fulfilled the requirements of membership and wish to apply for membership with the 4<sup>th</sup> Corner Fly Fishers.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (Family Membership)

\_\_\_\_\_  
Date

*Please submit this application, record of completion of membership requirements, and payment for the annual dues to the Membership Chair.*

**Regular Membership:                 \$60.00 annual dues**

**Family Membership:                 \$90.00 annual dues**

\_\_\_\_\_  
Received: Membership Chair

\_\_\_\_\_  
Date

**RECORD OF COMPLETION OF MEMBERSHIP REQUIREMENTS**

(Please attach to your Application for Membership)

Applicant: \_\_\_\_\_

Spouse: (Family Membership) \_\_\_\_\_

**MEMBERSHIP MEETINGS (3 Minimum)**

_____ Meeting Date	_____ Meeting Date
_____ Meeting Date	_____ Meeting Date
_____ Meeting Date	_____ Meeting Date
_____ Meeting Date	_____ Meeting Date

**CLUB FISHING OUTINGS (3 Minimum)**

_____ Outing Location	_____ Outing Date
_____ Outing Location	_____ Outing Date
_____ Outing Location	_____ Outing Date

**BOARD MEETING (1 Minimum)**

_____ Meeting Date	_____ Meeting Date
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**CONSERVATION WORK PROJECT (1 Minimum)**

_____ Outing/Function	_____ Date
_____ Outing/Function	_____ Date

**EDUCATION PROGRAM (1 Minimum)**

_____ Outing/Function	_____ Date
_____ Outing/Function	_____ Date

**OTHER CLUB PROGRAMS (Fly Tying, Casting Sessions, etc.) (2 Minimum)**

_____ Program	_____ Date
_____ Program	_____ Date
_____ Program	_____ Date

**APPLICANT'S SPONSORS: (2 Minimum)**

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

***Both sponsors must attend or provide written support at the same board meeting and general membership meeting to speak on the applicant's behalf.***



Club Use:

Guest Status Application Date: \_\_\_\_\_

Membership Application Date: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

General Membership Approval Date: \_\_\_\_\_