



Tri-Valley Fly Fishers Membership Application

This membership covers you, your spouse, and children living at home or away at school.

Application

Name: _____ Spouse's Name: _____
Street Address: _____
City, State, Zip Code: _____
Day Phone # _____ Evening Phone # _____
E-Mail Address: _____
Amount Paid: _____ Cash or Check # _____
Are you a member of The International Federation of Fly Fishers (IFFF)? _____

TVFF may need to release your name and address for club business such as communication among members and obtaining club insurance.

Dues Schedule

New memberships are \$45, prorated to \$30 after May 1, and to \$10 after Sept. 1
Yearly membership renewals are \$45 (\$40 if paid on or before the February Club Meeting)

Release Form:

(Signatures are required from anyone 18 or over who will be participating on TVFF Outings.)

As a member in good standing of the Tri-Valley Fly Fishers Club, I may participate in the numerous activities sponsored by the Club. I fully accept responsibility for my own safety as I participate in those activities. In particular, I acknowledge that activities which involve travel and which take place in and around water can be hazardous. I furthermore agree that neither my heirs nor I will hold the Tri-Valley Fly Fishers Club or its members liable for any injury or losses that may occur to me during Club activities.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

E-mail address if different from above _____

Signature: _____ **Date:** _____

E-mail address if different from above _____

Signed membership applications and payment can be given to a TVFF Board member or mailed to:

Tri-Valley Fly Fishers
PO Box 2358
Livermore, CA 94551