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| Central Ohio Fly Fishers  Membership Application Form  September 2023 - September 2024 | | |
| **Name:** | | |
| **Address (list only one):** | | |
| **City:** | **State:** | **Zip:** |
| **Phone Number (list only one):** | | |
| **Email address (list only one):** | | |
| **Signature:** | | **Date:** |
| By signing above, you agree to abide by all the rules and regulations set forth in the Central Ohio Fly Fishers Code of Regulations published on http://www.centralohioflyfishers.org/coffregulations.html. Any breach of these regulations or behavior unbecoming of a fly fisher may result in the termination of your membership. All information will remain confidential and will only be available to COFF members. | | |
| Are you willing to give a presentation on your fly-fishing experience?  Do you have any ideas for presentations that you would like to hear? | | |
| Are you willing to volunteer in some way to help out the club? | | |

Please complete the attached membership form and remit with $30 annual dues (checks only, made payable to COFF) to: **Central Ohio Fly Fishers, 850 Twin Rivers Dr., #16381, Columbus, Ohio 43216**

V. 07/23/2023