

Central Ohio Fly Fishers
Membership Application Form
September 2025 - September 2026

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**

