



Ottawa Flyfishers Society Member Application

DATE: _____

NAME: _____
First Name Last Name

ADDRESS: _____
Unit, Street Number and Name City Province Postal Code

TELEPHONE: _____

EMAIL: _____ @ _____

MEMBERSHIP FEES	Individual	\$35	
	Family	\$45	

MAIL COMPLETED FORM AND SIGNED CHEQUE TO: Ottawa Flyfishers Society
PO Box 64242
1620 Scott St.
Ottawa, ON
K1Y 4S0
Make cheque payable to **Ottawa Flyfishers Society**

OPTIONAL

How long have you been fly fishing? _____

What activities would you like to see the club organize? _____

Would you like to volunteer in the functioning of the OFS? _____
