



# Ottawa Flyfishers Society Member Application

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
First Name Last Name

**ADDRESS:** \_\_\_\_\_  
Street City Postal Code

**TELEPHONE:** \_\_\_\_\_  
Home Work

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_

<b>MEMBERSHIP FEES</b>	Renewal:	Individual	\$25
		Family	\$35
	New:	Individual	\$45
		Family	\$55

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

Note: Make cheques payable to Ottawa Flyfishers Society