

Delta Fly Fisher's New Membership Form

Membership Form – Family Membership is \$35.00, Regular Membership \$30.00 or \$25.00 for 62 individuals years or older. Dues are for one year from September 1st to August 31st of the following year. Make check payable to **Delta Fly Fishers**. Please fill out, then mail to: **Bob Fujimura, Membership Chair, PO Box 1562, Lodi, CA 95241-1562.**

Family _____ Regular _____ Senior _____

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ - _____ Cell (____) _____ - _____

Phone: Work (____) _____ - _____ **E-Mail Address*** _____

*required to receive the monthly newsletters and club announcements

I would like to be assigned a fishing mentor (check here _____)

How did you hear about us? _____

*If you have any questions or problems please contact: **Bob Fujimura at 209-339-0683 or e-mail at deltaflyfishers@gmail.com***