



BC Federation of Fly Fishers

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V9T 6M1
bcfff.bc.ca
general@bcfff.bc.ca

DIRECT MEMBER APPLICATION:

RENEWAL _____ NEW _____

Annual Membership Fee: \$20.00 Donation \$ _____

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ PROV/STATE _____

POSTAL/ZIP CODE: _____

E-MAIL: _____

We communicate mainly by e-mail and do not share e-mail address with any other person or group.

Are you interested/available to assist the BCFFF: Yes _____ No _____

Please mail this form and membership fee to:

BCFFF Membership Director
PO Box 43
Vernon, B.C.
V1T 6M1