



The Central Oregon Flyfishers
www.coflyfishers.org

Family Membership 2012

The following information is used in the roster. Include all contact data and other interests that you wish to have appear in the roster. Print legibly using **BLOCK LETTERS, ALL CAPS**.

LAST NAME	FIRST NAME	OCCUPATION (PAST OR CURRENT)
SPOUSE'S FIRST NAME	SPOUSE'S LAST NAME IF DIFFERENT	HOME PHONE
HOUSE NUMBER	STREET	SPOUSE'S PHONE
CITY	STATE	ZIP CODE
EMAIL ADDRESS	SPOUSE'S EMAIL ADDRESS	IF INTERESTED IN WILD WOMEN

Why did you join COF? (Check all that apply. List other interests on reverse.)
 Wild Women of the Water Conservation
 Acquire more knowledge Find fishing partner Volunteer for projects Improve technique Social functions

EACH family participant must sign this release to attend or participate in club activities.

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

As a condition of membership or of participation in any activity encouraged or publicized by The Central Oregon Flyfishers, I voluntarily assume all risks of my participation. In acknowledgement that I am doing so entirely upon my own initiative, risk and responsibility, I do hereby for myself, heirs, executors, and administrators agree to remise, fully release, hold harmless, and forever discharge The Central Oregon Flyfishers, all its officers, board members and volunteers, acting officially or otherwise, from any and all claims, demands, actions or causes of actions, on account of my death or on account of any injury to me or my property that may occur from any cause whatsoever while participating in any such COF activity.

I acknowledge that I have carefully read this hold harmless and release agreement, and fully understand that it is a release of liability. I further acknowledge that I am waiving any right I may have to bring legal action to assert a claim against The Central Oregon Flyfishers for its negligence.

I have read the above statement and agree to its terms as a condition of my membership in The Central Oregon Flyfishers.

I certify that I am a **YOUNG ADULT**, birth date (MO/DAY/YEAR) _____
Both Young Adult AND Parent or Guardian must sign below (if under 18)

X _____
SIGNED BY PRINT NAME MONTH DAY YEAR

X _____
SIGNED BY PRINT NAME MONTH DAY YEAR

DUES SCHEDULE

Dues are \$36.00 per calendar year.

All associate members who reside outside Deschutes, Crook and Jefferson Counties shall pay \$18.00.

Young adult members (under age 25) are complimentary.

RETURN THIS FORM Mail or deliver this form and your check payable to The Central Oregon Flyfishers to the membership chairman. *Forms unaccompanied by dues payment or that lack signature, name, or date on the liability release statement are considered invalid and will be returned to sender.*

**The Central Oregon Flyfishers
Membership Chairman
PO Box 1126
Bend, OR 97709**