The Central Oregon Flyfishers
www.coflyfishers.org

New Membership 2008

*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 _____ WORK PHONE _____ EXT _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

How do you want to receive the COF monthly newsletter? (Check one.) _____ Email _____ US Postal Service

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

You must sign this release EACH year when you renew 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.

X_____
SIGNED BY PRINT NAME MONTH DAY YEAR

X_____
SIGNED BY PRINT NAME MONTH DAY YEAR

DUES SCHEDULE

Memberships are renewable on January 1 of each year. New members joining prior to June 1 shall pay a full year's dues of $36. New members joining after June 1 shall pay a prorated amount according to the chart below. New members who reside outside Deschutes, Crook and Jefferson County shall pay $18.00.

THE MONTH YOU ARE JOINING:	JUN	JUL	AUG	SEP	OCT	NOV
THE DUES YOU PAY ($):	$ 18	$ 15	$ 12	$ 9	$ 6	$ 3

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