

Milwaukee Lake & Stream Fly Fishers Membership Information

Name:	(LY)	Spouse's First Name:
Address:		
City:	Si	State: Zip:
Phone: ()	Occupati	ion: (If retired, what was your occupation?) .
Email Address:		
This is a New N	Membership Rer	newal (Due Jan. 1st) Change
Signature:		
Individual M	embership — \$25.00	Family Membership — \$35.00
Please help us tailor the club's activities to your needs by checking or completing any of the following that apply:		
1. As a fly fisher, do you consider yourself a: Novice Intermediate Advanced		
2. Do you regularly fish in: Lakes Ponds Rivers Salt Water?		
3. Would you like to participate in a Fishing Buddy Program ? (Fish with other club members) Yes No		
4. Are you a member of: F.F.F T.U Other (Name?)		
5. Would you be willing to help the club as a: Board Member Committee Member Worker?		
6. What type of programs would you like to see at the meetings?		
7. Could you put on a program? Subject?		
8. Do you want your e-mail address published in a club directory? Yes No		
MAIL TO: MLSFF MEMBERSHIP, P.O.BOX 370668, MILWAUKEE, WI 53237		
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Dues rec'd for (year)	Mailing list updated	Membership directory updated
By	by	
Date	Date	Date