



Missouri Trout Fishermen's Association
Springfield Chapter

2017 MEMBERSHIP APPLICATION

I have an interest to improve the grand sport of Trout and Game fishing in Missouri and desire to give support to activities directed towards this end.

Date _____ Make Check Payable to: Missouri Trout Fishermen's Association
Springfield Chapter

Mail to: Robert Randall
892 Rose Hill Rd
Billings MO 65610

Name: «aaFirst_Name» «aaLast_Name»
Address: «address»
City: «City» State: «ST» Zip Code: «Zip»
Home Telephone: «phone»
e-mail: «email»

If applying for family membership, please list names spouse and children age 16 and under who should receive membership.

Spouse: «Spouse»
(1) _____
(2) _____
(3) _____

Please circle or list a response to the following questions:

Are you an individual member of FFF paying dues directly to this organization?... Yes or No
Are you an individual member of CFM paying dues directly to this organization?... Yes or No
Name a topic or program of interest. _____
What would you like more from the club? _____
Do you wish to receive newsletter via electronic e-mail?... Yes or No
Do you wish to receive a hard copy newsletter via U. S. mail?... Yes or No

ANNUAL MEMBERSHIP DUES

Family\$15.00 Individual\$15.00 Contributing\$25.00

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Name: _____
Received from _____ Date _____ Amount \$ _____

Missouri Trout Fishermen's Association - Springfield Chapter dues for calendar year 2017