



APPLICATION FOR FLY FISHING 101

NAME: _____

(Last)

(First)

(MI)

ADDRESS: _____

(Street)

(City)

(Zip Code)

TEL #: _____

(Area Code)

(Telephone Nbr)

E-MAIL: _____

1. COMPLETE THE ABOVE FORM
2. INCLUDE A CHECK FOR \$125.00 MADE PAYABLE TO "NORTH IDAHO FLYCASTERS CLUB" (if you are already a dues paying member of NIFC, please make your check out for \$100.00)
3. MAIL COMPLETED FORM AND CHECK TO:
NORTH IDAHO FLY CASTERS CLUB
P.O. BOX 1698
COEUR D'ALENE, ID 83816-1698