

WFFJ Office
533-1 Omatacho Ashikaga-shi
Tochigi 326-0141 JAPAN



<http://wffj.org>

New Member	<input type="checkbox"/>
Renewal Member	<input type="checkbox"/>

World Fly Fishing of Japan Membership Application Form

____ / ____ / ____
Month / Date / Year

I apply for World Fly Fishing of Japan (WFFJ) Membership for Jan 1 – Dec 31.

Name: _____
Last Name Middle Name First Name

Address Business or Home _____

City Pref. (State) Zip Country Age: _____
(Mandatory for Children)

Daytime Telephone Nighttime Telephone Fax Number

E-Mail Address: _____

Web Site: _____

Profession: _____
Profession Firm or Company Name (Optional)

Organizations Affiliations:
(Fishing Club, FFF)

Hobby : _____

Fly fishing casting distance: *Advanced (85 feet)* *Intermediate (50 feet)* *Beginner (35 feet)* *Neophyte(What feet? New to this sport)*
(Check one) *What do you want to learn : Casting*
(Check some or add below) *Reading Water*
Tying
Equipments

Please give us your comment about your fly fishing, why or how you fish and other interests, what you want from WFFJ, or what you can offer to WFFJ.

Please check the following area where you are interested to volunteer:
Membership *Team Japan* *Marketing* *Newsletter* *Seminar* *Trips* *Conservation* *Web Site* *Archive*

WAIVER OF LIABILITY
In consideration of participating in World Fly Fishing of Japan activities and/or events, I hereby indemnify and hold harmless and release the World Fly Fishing of Japan, its Officers, Board of Directors, and Members from any and all liability for any injury suffered by myself, or my minor children, arising from or connected with club activities or events. I assume all the risk for any injury received.
Signature : _____ **Date:** _____

Contact in case of Emergency : Name: _____ Telephone No : _____

Address: _____

Relationship: _____

Remarks: If you are new member, please e-mail at wffjinfo@gmail.com for the payment of WFFJ annual membership dues,