

World Fly Fishing of Japan  
533-1 Omatacho Ashikaga-shi  
Tochigi 326-0141 JAPAN



<http://wffj.org>

New Member

Renewal Member

### World Fly Fishing of Japan Membership Application Form

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
月 Month / 日 Date / 年 Year

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

In English

In Japanese

Name: \_\_\_\_\_ (名前/漢字)  
          Last Name      Middle Name      First Name      姓      名

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)

Club Affiliations  
( for Example FFF ) : \_\_\_\_\_

Hobby : \_\_\_\_\_

Fly fishing casting distance: *Advanced (85 feet)*       What do you want to learn : *Casting*   
(Check one)      *Intermediate (50 feet)*       (Check some or add below) *Reading Water*   
                  *Beginner (35 feet)*            *Tying*   
*Neophyte(What feet? New to this sport)*            *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 a new member, please contact at [wffjinfo@gmail.com](mailto:wffjinfo@gmail.com) for the payment of WFFJ Annual Membership dues (JP Yen 2,000 or US\$ amount equivalent to JP Yen 2,000).