

MEMBERSHIP APPLICATION				
☐ Annual Adult Membership \$50 (Renewals Due by Second Meeting in ☐ Junior Membership (under 16) Free with paid Adult Membership ☐ Annual Family Membership \$60 (Renewals Due by Second Meeting in				202 2 -2023 Tying Season
APPLICANT INFORMATION				
Name: Name Tag:				
Current Address:				
City:	State:			ZIP Code:
Home Phone:	Work Phone:			Cell Phone:
Email:				
SPOUSE INFORMATION IF FAMILY MEMBERSHIP				
Name:				
CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED				
Name:		Age:	Age:	
Name:		Age:		
OPPORTUNITIES TO HELP DRIFT				
Would you like to be more active in DRIFT? Please check the boxes below to indicate the activities that you would like to be involved with.				
☐ Trips			☐ Fly Fishing Shows	
☐ Conservation Programs			☐ Video Help at Meetings	
☐ Education Programs			Other:	
☐ Weekly Fly Tying				
SIGNATURES				
Submit your DRiFT Membership Application and Membership Dues to DuPage Rivers Fly Tyers, c/o Membership Chairman, P.O. Box 5028, Wheaton, IL 60189 or hand in at meeting. Incomplete applications will not be accepted. In consideration of the acceptance of my application and/or verification of membership in the DuPage Rivers Fly Tyers; I, for my heirs, executors and administrators, release and forever discharge the DuPage Rivers Fly Tyers, and their members and officers, of all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in any organized or unorganized club meeting or function, including travel to or from any such meeting or function, including all injuries that may be suffered by me before, during, or after any such club meeting or function. Furthermore, your signature shall be your consent to DRiFT making a video of any meeting you may attend and publishing such video on the DRiFT web site and the DRiFT YouTube account. Your failure to consent will require you to participate in meetings, off site, through a Zoom Meeting, if any is provided. Until further notice by DRiFT's Board of Directors, masks must be properly worn at any such meeting and participants will be asked to provide proof of having had a complete COVID-19 vaccination protocol. Signature of applicant: Date:				
Date ReceivedBy			_Amount	Check Number