



**GOLDEN WEST WOMEN FLYFISHERS  
MEMBERSHIP FORM**

Please indicate this form is for: \_\_\_\_\_ New Membership \_\_\_\_\_ Information Change

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

\*Email: \_\_\_\_\_

\*If you provided an email address above you will receive your newsletter via email. If your email information is blank, your newsletter will be mailed to your above home address.

Profession: \_\_\_\_\_

I heard about GWWF through the following:

\_\_\_ Website    \_\_\_ Referral    \_\_\_ Fly Fishing Shop/Show    \_\_\_ Other \_\_\_\_\_

Programs/Activities Outings I would like to see: \_\_\_\_\_

I am interested in helping in the following area(s):

\_\_\_ Conservation    \_\_\_ Hospitality    \_\_\_ Historian    \_\_\_ Membership  
\_\_\_ Newsletter    \_\_\_ Outings    \_\_\_ Publishing    \_\_\_ Scholarships  
\_\_\_ Special Projects

Send GWWF Application Form and calendar year payment of **\$35.00** to:

**Rebecca Blair, 6404 Lagunitas Avenue, El Cerrito, CA 94530**

**For more info, send e-mail to: [Rebecca\\_Blair@sbcglobal.net](mailto:Rebecca_Blair@sbcglobal.net)**

**Waiver of Liability**  
In consideration of participating in Golden West Women Flyfishers activities and/or events, I hereby indemnify and hold harmless and release the Golden West Women Flyfishers, its Officers, Board of Directors, Members and Agents 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 risk for any injury received and agree to hold the Golden West Women Flyfishers free and harmless from any and all costs, expenses and attorneys fees incurred in connection with any action, claim or demand brought thereon. I further agree to abide by all terms and conditions set forth in the club by-laws and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_