



APPLICATION FOR MEMBERSHIP 2023

The Mid-Island Castaways Fly Fishing Club meets on the **third Tuesday of each month** except for the following months – July, August and December. The meetings are held at the Qualicum Beach Community Hall and begin at 7 pm. For more information visit our website: www.midislandcastaways.com.

Membership Category: SINGLE ADULT (\$75) , SINGLE ADULT 65+ (\$75) _____,
 FAMILY (\$120) , JUNIOR: 15–17 Yrs. (\$25)

(Optional) NAMETAG Fee: SINGLE ADULT or JUNIOR (\$10) FAMILY (\$15)
 (ONE TIME FEE)

Total Fee Amount: \$ _____ PAID BY: Cheque Cash

Name of Applicant: _____ 65+ (Y/N) _____
FIRST LAST

- New Member or Returning Member

Mailing Address: _____
STREET CITY POSTAL CODE

- Email Address: _____ Contact No.: _____

Joining Spouse/Partner Name: _____ 65+ (Y/N) _____
FIRST LAST

- New Member or Returning Member
- Email Address: _____ Contact No.: _____

Applications can be dropped off at: A Blaze in the Northern Fly shop, 698 Beach Road, Qualicum Beach,
 Mail your application and payment to Mid-Island Castaways Fly Fishing Club, P.O. Box 554, Parksville, BC
 V9P 2G6 or, bring your application with you when you attend a monthly meeting or,
 Etransfer your payment to treasurermic@outlook.com.

Member Conduct:

I have read and understood the Constitution and Bylaws of the Mid-island Castaways Fly Fishing Club (*available on the club web-site*) and hereby agree to abide by the spirit and intent of the club's constitution and bylaws.

INITIAL

Information Collection, Use, and Sharing:

The Mid-island Castaways Fly Fishing Club collects the information on this form for membership recording purposes. **Unless you ask us not to, your information will be shared with other members as part of a club members contact list located in the member's only section of the club web site.** We will not share your information with any third party outside of our organization. Your contact information will be used in response to enquiries made by you and for updates regarding club business.

INITIAL

Signature of Applicant: _____ Date: _____