

APPLICATION FOR MEMBERSHIP 2025

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: ADULT ALREADY 2025 BCWF MEM	
Are you a member of BCWF in aName of Club you have BCWF m	mbers who are already BCWF members: different club? (Y/N) Membership #: nembership through BCWF insurance through Castaways? (Y/N)
(Optional one-time fee) NAMETAG	Fee: SINGLE (\$10) ☐ FAMILY (\$15) ☐
Total Fee Amount: \$	PAID BY: Cheque □ Cash □ ETF □
	on (and ETransfer your payment) to treasurermic@outlook.com. n and payment with you when you attend a monthly meeting
FIRST	LAST New Member
Mailing Address:	or Returning Member
Mailing Address:	CITY POSTAL CODE
Contact Info: Phone:	EMAIL:
[FOR FAMILY MEMBERSHIPS ONLY] - Joining Par	rtner Name:FIRST LAST PHONE
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.	Information Collection, Use, and Sharing: The Mid-island Castaways Fly Fishing Club collects the information on this form for membership recording purposes. Unles you ask us not to, your information will be shared with other members as part 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 except for BCWF. Your contact information will be used in response to enquiries made by you and for updates regarding club business.

Date: __

Signature of Applicant: