

APPLICATION FOR MEMBERSHIP 2026

The Mid-Island Castaways Fly Fishing Club meets on the **third Tuesday of each month** *except* for 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/Fee: ADU (check only one) FAN				17 =\$25 🗆
IF ALREADY A 2026 BCWF MEM Information for Castaways members ■ Name of Club you have BCWF me Check here □ to acknowledge you w	who are already BCV embership through	VF members:	Membership#	
NAMETAG Fee (Optional one-time	fee): SINGLE (\$^	10) 🗆 FAMILY	′ (\$15) □	
Total Fees Amount: \$	PAID	BY: Cheque □	Cash □ E	TF 🗆
PAYMENT: • [Preferred] Email your applicatio • [Alternate] Bring your application	• •	•		
Name of Applicant:		AST	New Member	
		or	Returning Memb	er 🔲
Mailing Address:		CITY		POSTAL CODE
Contact Info: Phone:		EMAIL:		
FOR FAMILY MEMBERSHIPS ONLY] - Joining Par	tner 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 website) and hereby agree to abide by the spirit and intent of the club's constitution and bylaws.	Information Collection, UClub collects the information you ask us not to, your is a club members contact web site. We will not shat organization except for BC enquiries made by you and INITIAL	on on this form for men nformation will be sha list located in the <u>me</u> re your information with CWF. Your contact info	nbership recording ared with other n ember's only sect n any third party ou rmation will be use	purposes. Unless nembers as part of ion of the club utside of our

Signature of Applicant: Date: