



**LONG ISLAND FLYRODDERS,  
INC. (LIFR)  
MEMBERSHIP APPLICATION  
or RENEWAL AND RELEASE  
APPLICATION FOR YEAR 202 \_\_\_\_**

The undersigned hereby applies for membership or renewal, in the **LONG ISLAND FLYRODDERS, INC. ("LIFR")**. The Undersigned verifies that I understand the inherent risk in participating in the activities and fishing or other trips (**Trip**) of the LIFR. I am physically fit, and I am aware of, and have sufficiently prepared for, the rigors of all such activities and Trips. I understand that a Trip may take me into remote areas, and that I may not be able to be promptly evacuated or receive proper medical care in the event of injury or disease. I further understand that I am solely responsible for all costs of medical treatment and transportation. I assume the risk of undertaking the **Trip**, including traveling to and from the Trip destination.

I am fully aware of risks of contracting an infection and/or disease, including but not limited to Covid-19 and its variants, as a result of participating in such activities. I will comply with all CDC Guidelines.

The undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, ("Releasor") waive and release any and all rights and claims for personal injury, infection, disease, death, and property damage or loss ("Damage"), that the Releasor may have against, and hold harmless, the Long Island Flyrodders, Inc. ("LIFR"), its Officers, Directors, Trustees, Trip Leaders, and Members, VFW Post 9592, and any of their agents and representatives ("Releasee"), for Damage suffered by the Releasor, arising out of or connected in any way with the LIFR, the Trip, or related activities.

In case of emergency, when reasonably feasible, contact:

print name: \_\_\_\_\_ relationship: \_\_\_\_\_ cell phone: \_\_\_\_\_

***By signing this Membership Application or Renewal and Release, I waive the right to recover money damages in the event I am injured, die, contract an infection and/or disease, or suffer the loss of property while participating in LIFR activities.***

**Annual Dues: Individual \$45.00 / Family including children up to 16 yrs \$50.00 / Junior (up to 18 yrs) \$15.00**

[  ] Renewal

Applicant / Releasor: signature: \_\_\_\_\_

print name: \_\_\_\_\_

print address: \_\_\_\_\_

print email address: \_\_\_\_\_

The Flyrodder: LIFR newsletter, will be sent here

cell phone: \_\_\_\_\_

**Long Island Flyrodders**

**MEMBERSHIP APPLICATION OR RENEWAL AND RELEASE**

PLEASE NOTE: If you change your PO or email address, you must notify LIFR by sending an email to [webmanager@liflyrodders.org](mailto:webmanager@liflyrodders.org) OR by writing to: LIFR PO Box 8091, Hicksville NY 11802. This will ensure our correct records and your timely receipt of your Flyrodder.

IF YOU PREFER TO PRINT OUT, FILL-IN, AND MAIL-IN THIS APPLICATION, PLEASE HAVE EACH MEMBER AND FAMILY MEMBER SIGN, AND MAIL WITH THE APPROPRIATE CHECK PAYABLE TO: **Long Island Flyrodders** PO Box 8091Hicksville, NY 11802

**OPTIONAL ADDITIONAL INFORMATION:**

- **Answering or not answering, or how you answer has NO bearing on your eligibility.**
- The Club places no restriction on its membership other than a boundless enthusiasm for the fly rod, its literature and traditions and a willingness to participate in the free and unhampered exchange of fly fishing information among its members.
- The following answers gives the Board information about the makeup of the membership.
- Knowing your expectations helps us to create the programs.

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Retired [  ]

Do you use a fly rod now? YES [  ] NO [  ] How many years: flyfishing: \_\_\_\_\_ How many years salt \_\_\_\_\_

Where do you fish regularly? \_\_\_\_\_

If you own a boat, Describe: Length: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do you kayak-fish? YES [  ] NO [  ] If you own a kayak, Make/Model \_\_\_\_\_

Would you be interested in serving on the Board of Directors of LIFR? YES [  ] NO [  ]

In which committee would you like to help?

- |  |   |
|--|---|
| <input type="checkbox"/> CASTING         | <input type="checkbox"/> HOSPITALITY      |
| <input type="checkbox"/> CONSERVATION    | <input type="checkbox"/> MEMBERSHIP       |
| <input type="checkbox"/> FISHING OUTINGS | <input type="checkbox"/> SHOWS & EVENTS   |
| <input type="checkbox"/> FLYTYING        | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> PROGRAM         | <input type="checkbox"/> WEB SITE         |
| <input type="checkbox"/> NEWSLETTER      | <input type="checkbox"/> _____            |

Comments and/or suggestions. What would you like to learn from meetings, guests, special events?