

Application for Membership in the High Plains Drifters
And
Federation of Fly Fishers



Membership Categories

I understand that membership in FFF is a requirement for membership in the High Plains Drifters (HPD).

High Plains Drifters	Federation of Fly Fishers	
New or Renewing member.....\$15.00	Individual.....\$35.00	Lifetime Individual.....\$500.00
Annual family membership.....\$15.00	Family.....\$45.00	Lifetime Couple.....\$750.00
	Youth under 18.....\$15.00	Disabled Veterans are Free (proof of 50% disability required)
	Senior +65.....\$25.00	Canadian Membership – add \$5 postage
	3 year Individual\$85.00	Int'l Membership – add \$10 postage
	3 year Family.....\$100.00	

If you are currently an FFF member:

Federation of Fly Fishers (FFF) Membership Number _____

Federation of Fly Fishers Membership Expiration Date _____

Federation of Fly Fishers Club Membership Numbers – HPD 507

HPD membership \$15.00	+	Federation membership \$ _____	=	Total due \$ _____
------------------------	---	--------------------------------	---	---------------------------

Name of applicant _____

Address _____

City, State & Zip _____

Home Phone (With Area Code) _____ Work Phone _____

Email address (required) _____

By giving my email address, I understand and agree that I am opting in to the HPD mailing list for email or other communication from HPD board members regarding Club business or items of interest related to the fly fishing community. The official channel of communication for all HPD club business is via email to addresses on this list.

Since this is a joint application to the HPD and FFF, please note that the FFF may rent their list to third parties.

If you do not want your information to be shared with other organizations, please check the box below.

← Please do not share my information with organizations outside the HPD or FFF.

Birthdate of applicant (for identification) _____

Referred By _____

If this is a family membership application:

Name of spouse _____

Name of dependents under age 18	Age
_____	_____
_____	_____
_____	_____

Check enclosed (payable to Federation of Fly Fishers if new, or to High Plains Drifters if renewing – US

Funds)

Visa Mastercard Discover American Express

Card # _____

Exp Date _____ / _____

Would you like to be listed in the HPD Web Directory? (In password protected area) Circle one Yes No

More information on HPD can be found at <http://hpd-fff.org> .

A Hold Harmless Form must accompany this application if you are a new HPD member. The HPD/FFF Hold Harmless form can be found attached to this application or at

[Hold Harmless Adult form -- http://www.hpd-fff.org/hold_harmless_fff_club_standard.pdf](http://www.hpd-fff.org/hold_harmless_fff_club_standard.pdf) (underscores between words)

[Hold Harmless Youth form -- http://www.hpd-fff.org/hold_harmless_fff_club_standard_youth.pdf](http://www.hpd-fff.org/hold_harmless_fff_club_standard_youth.pdf) (underscores between words)

Please make check payable to High Plains Drifters and mail with Application form and Hold Harmless Form to:

High Plains Drifters Membership
C/O Marshall Estes
4074 S. Atchison Way #302
Aurora, CO 80014

Please check those areas in which you would be willing to help.

<input type="checkbox"/>	Meeting Programs	<input type="checkbox"/>	Picnic/Christmas Party	<input type="checkbox"/>	Casting Classes
<input type="checkbox"/>	Conservation	<input type="checkbox"/>	Fishing Trips	<input type="checkbox"/>	Kids Day (Major Event)
<input type="checkbox"/>	Web Site	<input type="checkbox"/>	Mentoring/Clinics/Classes	<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Door Prizes	<input type="checkbox"/>	Fly Tying Classes/Demos	<input type="checkbox"/>	Board of Directors/Club Officers

Signed _____ Date _____

For club use only:

Date Rec'd _____ By _____ Amt _____ Check # _____



**ADULT
HOLD HARMLESS AGREEMENT**

In consideration of the right granted me to participate in the High Plains Drifters' events, such as fishing trips, picnics, outreach programs and membership meetings, I, the undersigned, in acknowledgment that I am doing so entirely upon my own initiate, risk and responsibility do hereby, for myself, my heirs, executors, and administrators, agree to remise, fully release, hold harmless, and forever discharge High Plains Drifters, the Eastern Rocky Mountain Council, Inc. and the Federation of Fly Fishers, Inc., all their officers and volunteers, acting officially or otherwise, from any and all claims, demands, actions or causes of actions, on account of my death or on account of any injury to me or my property which may occur from any cause whatsoever while participating in the above named program. I fully understand the risks and dangers involved in fly fishing particularly when wading or boating in rivers and lakes,

In the event of injury by accident while participating in the above named program, I hereby authorize the High Plains Drifters, its employees, officers, members and agents to seek the appropriate medical attention as deemed necessary.

I have read this Agreement and fully understand the release I am giving. I further attest that I am an adult capable of consenting to this Agreement.

Name of Participant (please print)

Signature of Participant

Date



**YOUTH
HOLD HARMLESS AGREEMENT**

In consideration of the right granted me to participate in the High Plains Drifters' events, such as fishing trips, picnics, outreach programs and membership meetings, I, the undersigned, in acknowledgment that I am doing so entirely upon my own initiate, risk and responsibility do hereby, for myself, my heirs, executors, and administrators, agree to remise, fully release, hold harmless, and forever discharge High Plains Drifters, the Eastern Rocky Mountain Council, Inc. and the Federation of Fly Fishers, Inc., all their officers and volunteers, acting officially or otherwise, from any and all claims, demands, actions or causes of actions, on account of my death or on account of any injury to me or my property which may occur from any cause whatsoever while participating in the above named program. I fully understand the risks and dangers involved in fly fishing particularly when wading or boating in rivers and lakes,

In the event of injury by accident while participating in the above named program, I hereby authorize the (name of organization), its employees, officers, members and agents to seek the appropriate medical attention as deemed necessary.

I have read this Agreement and fully understand the release I am giving. I further attest that I am an adult capable of consenting to this Agreement.

Name of Participant (please print)

Signature of Participant

I have read this Agreement and fully understand the release I am giving. I further attest that I am the parent or guardian of the above participant and am an adult capable of consenting to this Agreement.

Signature of Parent or Guardian

Date _____