**2024 Membership Application**

I have an interest to improve the grand sport of Trout and Game fishing in Missouri and desire to give support to activities directed towards this end.

Make Check Payable to: MTFA-Springfield

Dues are not deductible for income tax purposes

Mail to:

Dennis Stead
4027 South Kentwood
Springfield, MO 65804

Date\_\_\_\_\_\_\_\_\_\_\_\_

Your Name:

Address:

City: State: Zip Code:

Home or cell Telephone:

e-mail address:

If applying for family membership, please list names spouse and children age 16 and under who should receive membership.

Spouse:

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle or list a response to the following questions:**

Are you an individual member of CFM paying dues directly to this organization?... Yes or No

Name a topic or program of interest. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like more from the club? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Newsletter preference: electronic e-mail? \_\_\_\_\_ or hard copy by U. S. mail \_\_\_\_\_\_

**Annual Membership Dues**

Family .............$20.00 Individual ...........$20.00 Contributing ................$25.00

Missouri Trout Fishermen’s Association - Springfield through calendar year 2024

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Use the following if receipt is needed for cash payment:

Received 2024 MTFA dues payment of $\_\_\_\_\_\_\_\_\_\_\_ from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Treasurer or Membership Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_