



First & Last Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____

Phone 2: _____

Email: _____ @ _____

Areas of Interest: (Select one or more)

- | | |
|--|--|
| <input type="checkbox"/> Visitor's Shop | <input type="checkbox"/> Knot Tying |
| <input type="checkbox"/> Kid's Fishing Derby (June) | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Fly Fishing | <input type="checkbox"/> DRC Fishing Academy |
| <input type="checkbox"/> Feed Critters | <input type="checkbox"/> Guide |
| <input type="checkbox"/> Outdoor Adventure (September) | <input type="checkbox"/> _____ |

Membership: (Select one)

- Student (age 0-18): \$15
- Adult and Family: \$20
- Life Member and Family: \$175
- Clubs and Organizations: \$200
- Corporate: \$250
- Benefactor: \$500

Membership Fee: \$ _____

Voluntary Donation: \$ _____

Total Amount Due: \$ _____

(Make check payable to FNNFH)

Please mail completed form and payments to:

Membership, FNNFH

PO Box 1525

Mountain Home, AR 72654