

2024 MEMBERSHIP FORM

Catskill Fly Fishing Center & Museum
PO Box 1295, Livingston Manor, NY 12758
845-439-4810 | office@cffcm.com | www.cffcm.com



Cross The Bridge

Date : / / _____New _____Renewing

Select your Membership Level

- | | |
|--|--|
| <input type="checkbox"/> Individual - \$40 | <input type="checkbox"/> Benefactor - \$1,000 |
| <input type="checkbox"/> Family - \$60 | <input type="checkbox"/> Mentor - \$2,500 |
| <input type="checkbox"/> Supporting - \$125 | <input type="checkbox"/> Legacy - \$5,000 |
| <input type="checkbox"/> Sustaining - \$250** | <input type="checkbox"/> Additional Donation \$_____ |
| <input type="checkbox"/> Club 500 - \$500 | <input type="checkbox"/> Total Amount \$_____ |

*Family Level & higher includes couple & children under 21 years

**Sustaining Level eligible for *Inside the Archives*, a new program that will be offered live & virtually in 2024 (more info to follow)

Member Information

Name

Date of Birth

Phone Number

Email

Street Address

City, State, Zip

Payment Information

☐ Check enclosed (payable to CFFCM) Check # _____

☐ Charge my VISA / MASTERCARD / AMEX

CARD #: _____ EXP DATE: ____/____/____ SEC CODE: _____

SIGNATURE: _____