



AFF Survey Form

Check the boxes to indicate the information that you **DO NOT WANT** released to other club members.

Name(s): _____

Address: _____

City: _____

Daytime Phone: () _____

Evening Phone: () _____

E-mail: _____

Please check the boxes that apply to you

Beginner Intermediate Advanced

Years experience _____

I like to fish for:

Bass/Panfish Salmon Shad
 Steelhead Stripers Trout
 Other _____

I like to fish:

Lakes Ponds Streams
 Bay Delta Ocean

I own a:

Boat Pontoon/Tube Canoe
 Other _____

I also like:

Backpacking Camping RV
 Hiking Photography Other

Please check the boxes to indicate where you want to help:

- Education Chairperson
- Casting Chairperson
- Fly Tying Chairperson
- Rod Building Chairperson
- Outings Chairperson
- Annual Dinner Chairperson
- Raffle Chairperson
- Programs Chairperson
- Merchandise Chairperson
- Rod Building Chairperson
- Public Relations Chairperson
- Newsletter Assistance (Proofread, print & mail)
- Conservation Projects
- Monthly Meeting Activities
- Social Functions
- NCCFFF Representative
- Social Functions
- Wherever help is needed
- Officer Positions (Pres, VP, Treasurer, Secretary)
- Casting Instruction
- Fly Tying Instruction
- Rod Building Instruction
- Fly Fishing Instruction
- Refreshments
- Other _____

Please indicate what you want to learn about:

- Casting
- Entomology (What fish eat)
- Fly Tying
- Locations
- Rod Building
- Techniques
- Other _____

Please indicate what classes you would be interested in attending:

- Rod Building
- Beginning Fly Tying
- Intermediate Fly Tying
- Introduction to Flyfishing
- Women Only Seminar
- Friday Night Beginning Fly Fishing Class
- Novice Outings
- Other _____

