



AMERICAN FLY FISHING TRADE ASSOCIATION

AFTTA MEMBERSHIP APPLICATION/RENEWAL FORM

- New Member
Renewal

Contact Information

Contact Name:
Contact Title:
Contact Phone:
Contact Email:
Company Name:
Company Mailing Address:
City:
State:
Zip:
Company Fax:
Website:

Company Type & Dues

- General - Retailer, Travel Agency, Outfitter/Lodge
Associate - Media, Non-profits, Trade Association, Manufacturer / Distributor
Individual - Guide, Shop Staff, Sales Rep.
Affiliates - Individual, Business

Membership Dues: Membership dues are based on annual revenue; please verify your revenue and your corresponding association membership dues. All sales information will be kept strictly confidential.

Annual Sales (Please factor your most recent annual revenue): \$

Please Check Your Membership Level:

Table with 2 columns: Number of Doors, General (Retailer, Travel Agency, Outfitter/Lodge). Rows: Less than 10 doors (\$250), More than 10 doors (\$500).

Trade Association
\$500

Table with 2 columns: Associate (Media, Non-profit), Affiliate Individual, Individual (Guide, Shop Staff, Sales Rep), Affiliate Business. Includes checkboxes and dues amounts.

Annual Revenue	Manufacturer/Distributor
Less than \$250K	<input type="checkbox"/> \$100
\$250K-\$500K	<input type="checkbox"/> \$125
\$500K-\$750K	<input type="checkbox"/> \$250
\$750K-\$1M	<input type="checkbox"/> \$375
\$1M-\$2M	<input type="checkbox"/> \$500
\$2M-\$5M	<input type="checkbox"/> \$1,250
\$5M-\$10M	<input type="checkbox"/> \$2,500
\$10M-\$20M	<input type="checkbox"/> \$3,750
\$20M-\$30M	<input type="checkbox"/> \$5,000
\$30M-\$50M	<input type="checkbox"/> \$6,250
50M and above	<input type="checkbox"/> \$7,500

Annual Membership Dues.....\$ \_\_\_\_\_

Fisheries Fund Contribution.....\$ \_\_\_\_\_

**TOTAL (in U.S. Dollars).....\$ \_\_\_\_\_**

**AFFTA Commercial Liability Insurance**

*AFFTA members may be eligible for commercial liability insurance. Please check here if you are an outfitter or guide and would like to receive information on this one-of-a-kind program.*

**Payment**

MasterCard    Visa    American Express    Discover    Check # \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

CVC Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*Please mail checks to:*  
 American Fly Fishing Trade Association  
 321 East Main Street  
 Suite #300  
 Bozeman, MT 59715

**Thank you for your support!**

321 East Main St., Suite #300, Bozeman, MT 59715 – Ph (406) 522-1556 – Fax (406) 522-1557  
 www.affta.org