



Membership Application Form

Name.....

Phone: Home.....

Address.....

Work.....

City.....

Mobile.....

State.....Postcode.....

Email:.....

Date of Birth:...../...../.....

Occupation:.....

Joining Fee \$30

Membership Fee: Single \$30. Family \$35

Juniors (under 16 Years) Free Membership

Signature.....

Date...../...../.....

Family membership details

Payment by cheque, money order or cash at the monthly meetings. Please don't send cash via the mail. Post to:

Name.....

**P O Box 5646
MAROOCHYDORE BC QLD 4558**

Relationship.....

Date of Birth...../...../.....

Name.....

Nominated by.....Mem#.....

Relationship.....

Seconded by.....Mem#.....

Date of Birth...../...../.....

Accepted Yes No

Boat details: Length.....Type.....

Receipt #..... Allocated Mem#.....

Make.....HP.....

Secretary.....

Radio27meg.....VHF.....HF.....

**Reason for joining Saltwater Flyfishers Assoc.
How did you find the club eg. White Pages,
Referral etc.**

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