



**GREENSBOROUGH & DISTRICT ANGLING
CLUB Inc**
P.O. Box 7, Greensborough 3088

APPLICATION FOR MEMBERSHIP

YEAR 200_ TO YEAR 200_

APPLICANT DETAILS

NAME: _____ **APPLICATION DATE:** ____/____/____.

ADDRESS: _____

_____ **POST CODE** _____

BIRTH DATE ____/____/____ **INTRODUCED TO CLUB BY** _____

PHONE No (Home) _____ **(Business)** _____

(Mobile) _____ **(Fax)** _____

(E-Mail) _____

OCCUPATION _____

OTHER CLUB MEMBERSHIPS _____

MEMBERSHIP TYPE	SENIOR	\$55	<input type="checkbox"/>
	ASSOCIATE	\$25	<input type="checkbox"/>
	PENSIONER	\$25	<input type="checkbox"/>
	JUNIOR (Under 16 yrs)	\$25	<input type="checkbox"/>
	FAMILY	\$60	<input type="checkbox"/>

For FAMILY membership, please list names & birth dates of all children

1 2 3 4

DOB.....DOB.....DOB.....DOB.....

BOAT DETAILS

MAKE: _____ **MODEL:** _____

REGO: _____ **NAME:** _____

CALL SIGN: _____ **LENGTH** _____ **MT COLOUR:** _____

AFFILIATION FEES

ANSA: \$14

NFA : \$10

PAYMENT DETAILS

TOTAL FEES: \$..... Membership & affiliation fees

RECEIPT No:

Chq payable to: Greensborough & District Angling Club Inc.