

WESTERN DISTRICTS ANGLING CLUB

MEMBERSHIP APPLICATION FORM

I wish to apply to become a member of the Western Districts Angling and Game Fishing Club. If accepted, I undertake to abide by the constitution and rules of the club.

Name: _____ Date of birth: _____

Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Signature of Applicant: _____ Date: _____

Nominated by: _____

Seconded by: _____

Annual Subscription Rates for July to June are as follows. Please tick the box next to the type of membership you are applying for. Note that if joining after 31 January, subscriptions are half the normal fee.

Single Senior \$30 Single Junior \$20 Family \$50 Newsletter Only \$5

Payment enclosed: \$ _____

If joining as a family member, please list details of other family members to be covered by this membership.

	Name	Date of Birth
Spouse/Partner		
Child 1		
Child 2		
Child 3		
Child 4		