

WESTERN DISTRICTS ANGLING CLUB

MEMBERSHIP APPLICATION FORM

I wish to apply to become a member of the Western Districts Angling and Game Fishing Club (WDAC).

If accepted, I undertake to abide by the constitution and rules of the club.

Personal Details

Name: _____ Date of birth: _____

Address:

Postcode: _____

Contact Details

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Privacy Permissions

I approve WDAC to publish / share photos of club fishing events including myself and or other family members on the WDAC Web page and / or Facebook page _____ (Yes / No).

I approve WDAC to share my contact information (email, mobile) with other WDAC members during club events _____ (Yes / No).

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

WESTERN DISTRICTS ANGLING CLUB

MEMBERSHIP APPLICATION FORM

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		

Signature of Applicant: _____ **Date:** _____

WDAC USE ONLY
Nominated by: _____
Accepted by: _____