

# Membership Form - New

For new members and previous members whose membership has lapsed

I, \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Names) \_\_\_\_\_ (Signed)

Desire to become a member of the Southport Amateur Fishing Club Inc and agree to abide by the constitution and by-laws of the club.

Postal Address (Number and Street):

Suburb:

State:

Post Code:

Contact Phone Numbers: (Home)

(Work)

(Mobile)

Occupation:

Email Address:

Date of Birth:

Please select

Sub-Junior   
7yrs - 12yrs

Junior   
13yrs - 17yrs

Standard   
18yrs - 54 yrs

Veteran   
55+ yrs

What area(s) of fishing most interests you? (Please select)

Beach/Surf

Estuary

Off-Shore

Freshwater

If you own a boat, what type/description:

Where did you hear about us? (Please select)

Current/Previous Member

Friend

Advertising

Other please specify:

Proposed By Member Name:

Signed:

Dated:

Seconded By Member Name:

Signed:

Dated:

Elected and approved - authorised by the President \_\_\_\_\_

Date Received \_\_\_\_\_

Date Elected \_\_\_\_\_

This form can be sent to this address -

Club Secretary  
SAFC Inc  
PO Box 587 Southport BC Qld 4215

Telephone enquiries - (0417) 607-790