



Application for Membership and Renewal Form

New Membership Renewed Membership Year 1st Joined _____

Surname: _____

Given Name: _____

Partner: _____

Children under 14: _____

(Children under 14 are free)

Address: _____

Telephone: Work: _____

Home: _____

Mobile: _____ Fax: _____

Email: _____

Single \$50.00

Pensioner/Concession \$40.00

In an Emergency please contact: _____

Phone: Home: _____ Work: _____

Mobile: _____

I hereby give permission to Southern Peninsula Angling Club to:

- take photos of myself and my family and print, copy or display these photos
- distribute my contact details to other financial members and to sponsors
- obtain medical assistance for myself or my family in case of an emergency while attending SPAC activity.

Signature of Applicant

Date