



## Application for Membership and Renewal Form

New Membership  Renewed Membership  Year 1<sup>st</sup> Joined \_\_\_\_\_  
\*

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Partner: \_\_\_\_\_ Children under 14: \_\_\_\_\_

(Children under 14 are free )

Address: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Single \$50.00

Family \$80.00

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 .....