Southern Peninsula Angling Club Inc

Membership Details Form

Last Name: _____ First Name: _____

Address: _____

Mobile: _____ Other Phone: _____

Email: _____

Single $60.00 ☐ Family $90.00 ☐

Family Member Names
(If checked) _____

Emergency contact: _____

Mobile: _____ Other Phone: _____

Number of Children under 14 (Free) _____

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 .....

PO BOX 2104, ROSEBUD PLAZA, 3939