



**GREENSBOROUGH & DISTRICT ANGLING
CLUB Inc**
P.O. Box 7, Greensborough 3088

APPLICATION FOR MEMBERSHIP

YEAR 201_ TO YEAR 201_ *(Due by 31 August)*

APPLICANT DETAILS APPLICATION DATE: ___/___/___

NAME: _____ SPOUSE(if Applicable): _____

ADDRESS: _____

POST CODE _____

BIRTH DATE ___/___/___ INTRODUCED TO CLUB BY _____

PHONE No (Home) _____ (Business) _____

(Mobile) _____ (Fax) _____

(E-Mail) _____

OCCUPATION _____

OTHER CLUB MEMBERSHIPS _____

MEMBERSHIP TYPE	SENIOR	\$70	<input type="checkbox"/>	
	ASSOCIATE	\$40	<input type="checkbox"/>	-Includes Full Time Students
	PENSIONER	\$40	<input type="checkbox"/>	-
	JUNIOR (Under 16 yrs)	\$40	<input type="checkbox"/>	
	FAMILY	\$75	<input type="checkbox"/>	-Includes Spouse & members children up to and including 15yrs of age as of July 1st

For FAMILY membership, please list names & birth dates of all children

1 2 3 4

DOB.....DOB.....DOB.....DOB.....

BOAT DETAILS

MAKE: _____ MODEL: _____

REGO: _____ NAME: _____

CALL SIGN: _____ LENGTH _____ MT : COLOUR: _____

Direct Credit

Name: Greensborough & District Angling Club Inc

BSB: 033-195

Account No: 43-0609 ****PLEASE USE SURNAME AS REFERENCE****

PAYMENT DETAILS

TOTAL FEES PAID: \$..... RECEIPT No:

** Use Surname as reference if using Direct Credit*** ****CHQ Payable to: Greensborough & District Angling Club Inc.**

The Treasurer will issue a receipt after payment is made!