



Surf Casting and Angling Club of W.A. (Incorporated)

Club Web page <http://www.surfcasters.iinet.net.au>

APPLICATION FOR MEMBERSHIP

Membership type:- **Single Family Associate Junior** Please circle one.

	Last Name	First Name	Preferred Name	Date of Birth
Applicant's Name				

Family members to be included in Family Membership, if required.

Partner's Name:-				
Dependent child 1:-				
Dependent child 2:-				
Dependent child 3:-				
Dependent child 4:-				
Address:-				
			Post Code:-	
Home Phone:-	Work Phone:-		Mobile Phone:-	
Fax:-	Email Address:-			
Occupation:-	OK to make this known to Club Members ?		(circle answers) < YES / NO >	
Skills:-	OK to make this known to Club Members ?		< YES / NO >	
Hobbies/Interests:-	OK to make this known to Club Members ?		< YES / NO >	
What I expect to get out of this Club:-				

I hereby apply for membership of the Surf Casting and Angling Club of W.A. (Inc.) and enclose the nomination fee of \$10. Should this application be accepted, I agree to abide by the Constitution and Rules of the Club.

Signature of Applicant:- _____ **Date:** / /

Nominated By:- (Club member) Name: _____ **Signature:** _____

Seconded By:- (Club member) Name: _____ **Signature:** _____

Club use only.				
Nomination received:	\$ 10	/ /	Receipt No. _____	Treasurer: _____
Subscription received:	\$ _____	/ /	Receipt No. _____	Treasurer: _____
Nomination Published in Reel Talk		/ /		
Committee Approved		/ /		
Acceptance Published in Reel Talk		/ /		
Welcomed at Meeting		/ /		President: _____
Badge/Constitution/Rules/Card Presented		/ /		
Membership List updated		/ /		
Returned to Treasurer		/ /		
Action Complete		/ /		