

Brighton Central Angling Club
P.O. Box 50
Middle Brighton
Victoria 3186



Application for Membership

\$60 Membership Fee

Date: _____

I _____

Address: _____

_____ Post Code: _____

Partner's Name: _____ Occupation: _____

Your Occupation: _____

Children under 16 years as at 30th June

Name:	Age:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone: _____ Mobile: _____

E-mail Address: _____

I hereby apply to become a Member of The Brighton Central Angling Club Inc and in the event of my admission as a member, agree to be bound by the rules of the Brighton Central Angling Club Inc. as in force at that time.

Signature: _____ Date: _____

Are you a Boat Owner? (Yes / No)

Type of Boat: _____ Make/Model: _____

Length: _____ Colour: _____

Rego No: _____ Radio: _____

Call Sign: _____

I _____ a Member of the Brighton Central Angling Club nominate the applicant, who is personally known to me, for membership of the Brighton Central Angling Club Inc.

I _____ a Member of the Brighton Central Angling Club second the nomination of the applicant, who is personally known to me, for membership of the Brighton Central Angling Club Inc.

Signature of Seconder: _____ Date: _____

DATE RECEIVED: _____ Doc No: _____ Paid: _____ Receipt: _____