

Williamstown and Newport Anglers Club and Fish Protection Society Incorporated in Victoria P.O. Box 15 Williamstown VIC 3016 info@wnfish.com.au

APPLICATION FOR MEMBERSHIP

I		(full name of applicant)			
of					
	(occupation)	(date of birth)			
	e to become a . ssociation.	(here state classification**) member of			
If I am	n admitted as a	a Member, I agree to be bound by the rules of the Association for the time being in force.			
I agree / do not agree to the distribution of contact details to other Association Members					
		(Signature of Applicant) (Date)			
Email	Address				
Home	Phone	Mobile Phone			
Nomination:					
(name) being a Member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.					
		(Signature of Proposer) (Date)			
	(name) being a Member of the Association,				
seco	ond the nomination	ation of the applicant, who is personally known to me, for membership of the Association			
		(Signature of Seconder) (Date)			
** Membership Classification					
Co Ju Ju	letropolitan puntry mior mior Country amily	a member ordinarily resident within the Melbourne metropolitan area a member ordinarily resident outside the Melbourne metropolitan area a member of less than 18 years of age a member of less than 18 years of age and ordinarily resident outside the Melbourne metropolitan area members may include a spouse or partner plus family members under the age of 18 for a fee which equals 1 annual adult fee and 1 annual junior fee. Names of family members to be provided			
For Club Hoo					

For Club Use

Nomination Fee Receipt Number	Membership Fee Receipt Number	
Club Records Updated	(Date / Initials)	

\FORMS\WNAC membership form 2020.08.pdf

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