



MEMBERSHIP APPLICATION FORM

Southern Fly Fishers Aust. Inc.

PO Box 388, Moorabbin 3192

Applicant to Complete

Nominee's Name:	
Street Address:	
Suburb & Post Code:	
Mobile Number:	
E mail address (please print):	
Proposer (if applicable):	
Secunder (if applicable):	
Where did you hear about the Club?	
Previous flyfishing experience:	
Next of Kin: Name, relationship & phone no.	

Club Use Only

Membership Category:	
Date submitted to Committee:	
Approved:	Y/N
Notification to:	Secretary: Editor: Treasurer: Applicant

If my application is approved by the Club, I agree to support the purposes of the Club and be bound by the rules of its constitution.

Applicant's signature & date:

Membership is subject to confirmation by the Committee of Southern Fly Fishers Aust. Inc. and payment of the applicable subscription fees.

Completed forms should be e mailed to secretary@southernflyfishers.org.au