



APPLICATION TO JOIN KINGBOROUGH ANGLERS ASSOCIATION INC.

Name:.....
Address:.....**Post Code:**.....
Phone:.....
Email:.....

Membership category:

Full Member
Associate Member
Junior Member

For Associate Members Only:

Name of club of which you are currently a member:

.....

I hereby certify that the person named above is a financial member of
.....(insert name of club)

Signed:.....
Club Secretary

For All Members

If accepted as a member I agree to abide by the rules and constitution of the Association.

Signed.....

Date:.....

Fees are not required to be paid until your application is accepted.

Bring the completed form along to a meeting or post to:

The Secretary
Kingborough Anglers Association
PO Box 242
Kingston Tas 7051