



Jervis Bay Game Fishing Club Inc.

Membership Application (Signature required on last page)

Types of membership

- Single Senior** 1 senior membership over 16yrs of age **\$90 Yearly**
- Family Membership** Includes 2 x Senior membership in the same family with children under 16yrs Free **\$140 Yearly**
- Additional Senior** Each additional Senior member in the same family **\$50 Yearly**
- Small Fry** under 12yrs and **Juniors** under 16yrs **Free**
- Social Membership** for persons not requiring a full membership application, includes participation at "In House" Club activities and Club email updates **\$30 Yearly**

Membership Required (circle) Senior Family Social

Applicant

Name: Senior: M / F (circle)

Address: Post Code:

Email: Mobile no:

2nd Family Member and /or Spouse

Name: Senior: M / F (circle)

Address: Post Code:

Email: Mobile no:

Additional Senior Family Members

Name: Senior: M / F (circle)

Address: Post Code:

Email: Mobile no:

Additional Senior Family Members

Name: Senior: M / F (circle)

Address: Post Code:

Email: Mobile no:

Junior Member Under 16yrs

Name: Junior: M / F (circle) DOB:

Name: Junior: M / F (circle) DOB:

Name: Junior: M / F (circle) DOB:

Small Fry Under 12yrs

Name: Small Fry: M / F (circle) DOB:.....

Name: Small Fry: M / F (circle) DOB:.....

Name: Small Fry: M / F (circle) DOB:.....

Membership Fees

Single Senior	\$90		\$	_____
Family	\$140		\$	_____
Additional Senior	\$50	No_____	\$	_____
Social Membership	\$30		\$	_____
TOTAL			\$	_____

Club Details

Postal Address: PO Box 56
Huskisson NSW 2540

Email: offtap1@msn.com

Phone: 0491 212 861

Bank Details: BSB 633108 ACC 122 379 605

By Signing below you advise that all members on this form will follow the clubs bylaws and constitution, you also advise that no members on this application have ever been refused membership or been banned by any NSWGFA affiliated club

APPLICANT SIGNATURE : **Date:**



Jervis Bay Game Fishing Club

ABN: 73 895 135 911

Please send all your forms to:

PO Box 56, Huskisson NSW 2540

Phone: 0491212861

Email: offtap1@msn.com

BOAT REGISTRATION FORM

BOAT DETAILS	
NAME OF VESSEL	
MAKE	
MODEL	
REGISTRATION	
LENGTH	
BEAM	
HULL COLOUR	
TOPSIDE COLOUR	
NO OF ENGINES	
ENGINE MAKE	
HP PER ENGINE	
FUEL TYPE	
MAX P.O.B.	
OWNER'S DETAILS	
NAME	
ADDRESS	
HOME PHONE	
WORK PHONE	
MOBILE PHONE	
EMAIL	
EMERGENCY CONTACT	
INSURANCE DETAILS	
INSURER	
POLICY NUMBER	
POLICY EXPIRY DATE	
IF YOUR VESSEL IS UNATTENDED AND IS IN DANGER, OR SUBJECT TO FELONY, WHOM WOULD YOU LIKE TO E NOTIFIED IF YOU CANNOT BE CONTACTED?	
NAME	
PHONE	
ADDRESS	
RELATIONSHIP	
PLEASE NOTE THAT ANY SUSPECTED FELONY WILL BE REPORTED TO THE POLICE IMMEDIATELY. YOU WILL THEN BE NOTIFIED	

**PLEASE RETURN YOUR COMPLETED FOR TO THE ADDRESS
AND/OR EMAIL ADDRESS AT THE TOP OF THIS PAGE**