



**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: [jbgfc@hotmail.com](mailto:jbgfc@hotmail.com)

## NEW MEMBERSHIP APPLICATION

I _____			(FULL NAME)
OF _____			(NOT PO BOX)
SUBURB _____	STATE _____	POST CODE _____	
D.O.B _____	MALE/FEMALE _____	OCCUPATION: _____	
PHONE: _____	EMAIL: _____		

hereby apply to become a member of the Jervis Bay Game Fishing Club Inc.

In the event of my admission as a member; I agree to be bound by the constitution and by-laws of the club for the duration of my membership.

Have you ever been refused membership and/or had your membership revoked or removed to/by any club affiliated with:

IGFA or ANSA? YES - NO IF SO, PLEASE PROVIDE DETAILS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**NOMINATED BY:**

I \_\_\_\_\_ BEING A FINANCIAL MEMBER OF THE JERVIS BAY GAME FISHING CLUB INC

HEREBY NOMINATE THE ABOVE APPLICANT

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

I \_\_\_\_\_ BEING A FINANCIAL MEMBER OF THE JERVIS BAY GAME FISHING CLUB INC

HEREBY SECOND THE NOMINATION OF THE ABOVE APPLICANT

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**IF THE APPLICANT IS UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST CONSENT TO THE APPLICATION**

I \_\_\_\_\_ BEING THE APPLICANT'S PARENT/GUARDIAN HEREBY CONSENT

TO THEIR APPLICATION

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**ANNUAL MEMBERSHIP FEES:** PLEASE CIRCLE WHERE APPLICABLE

SENIOR ANGLER: \$90.00 JUNIOR ANGLER: \$10.00 SMALL FRY: \$10.00 SOCIAL MEMBER: \$30.00

PAYING VIA: CASH - CHEQUE - EFT (ELECTRONIC FUNDS TRANSFER)

**ACC NAME:** JERVIS BAY GAME FISHING CLUB INC

**BSB:** 633108 **ACC:** 122 379 605

**IF PAYING VIA EFT, A COPY OF TRANSFER MUST ACCOMPANY THIS APPLICATION**

<b>OFFICE USE ONLY</b>	
APPLICATION RECEIVED BY: _____	DATE: _____ / _____ / 20_____
MEMBERSHIP TYPE: _____	AMOUNT RECEIVED: _____ RECEIPT #: _____
APPROVED BY COMMITTEE: _____	YES - NO IF NOT, REASON: _____
DATE APPROVED: _____ / _____ / 20_____	ACTIONED BY: _____



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## POINT SCORE APPLICATION

PLEASE FILL IN THIS FORM IF YOU WISH TO COMPETE IN THE  
2017/2018 POINTSCORE . THIS INCLUDES:

1. INTERNAL CLUB POINTSCORE
2. SOUTHERN ZONE COCK 'O' WALK
3. NSWGFA WATERS POINT SCORE (OTHER WATERS)

INFO REQUIRED	YOUR ANSWER
ENTER YOUR MEMBER NUMBER AS SEEN ON YOUR MEMBERSHIP CARD. (COMPULSARY)	
YOUR FULL NAME:	
CONTACT PHONE NUMBER:	
EMAIL ADDRESS:	
HOME ADDRESS:	
ANGLER TYPE SENIOR - JUNIOR - SMALL FRY MALE - FEMALE	
DATE OF BIRTH:	
NAME OF THE BOAT YOU FISH ON MAINLY:	
IS THE ABOVE VESSEL REGISTERED WITH JBGFC FOR THE CURRENT SEASON?	
IF NOT, HAVE YOU ATTACHED A BOAT REGISTRATION FORM?	

**PLEASE COMPLETE THIS FORM AND RETURN IT  
TO THE ADDRESS AND/OR EMAIL AT THE TOP OF  
THIS PAGE.**



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## 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**