Newcastle & Port Stephens Game Fish Club Ltd.

FISHING MEMBERSHIP APPLICATION

A C N 060 390 516 *ABN 25 292 918 920*
All correspondence: 55a Shoal Bay Road, Shoal Bay NSW 2315 *Email: manager@npsgfc.com*
Clubhouse: (02) 4981 1459 *Office: (02) 4981 0021*

PROOF OF IDENTIFICATION REQUIRED WITH THIS APPLICATION

We the undersigned, nominate for Membership of this club, the following candidate

☐ *Mr* ☐ *Mrs* ☐ *Miss* ☐ *Junior* ☐ *Small Fry* ☐ *Other:* _____

Full Name: _____ _____
Given name(s) *Surname*

Postal Address: _____

Suburb _____ *State* _____ *Post Code* _____

Mobile Number: _____ *Date of Birth:* _____/_____/_____

Email Address: _____

Have you ever been barred from another Licensed Premises? YES ☐ NO ☐

If yes, please state the reason: _____

Are you applying for: (PLEASE TICK)
NOTE: Membership to the club runs from 1st July to the 30th June based on Club financial year

☐ ***Fishing Membership – 1 Year ($20 Nomination fee & $110 Annual Subscription fee) Total $120***
Junior Members under 16 years are not required to pay fees

☐ ***Fishing Membership – 3 Years ($20 Nomination fee & $300 Annual Subscription fee) Total $320***
Junior Members under 16 years are not required to pay fees

☐ ***Introductory Fishing Membership (fee of $25.00)***
1-day fishing (Names must be reported by the skipper on the first sked and payment received within 7 days. To receive personal point score an application to join the club within 30 days must be submitted).

Name of Boat _____ *Make of Boat* _____

APPLICATION MUST HAVE NOMINEE AND SECONDER

I hereby apply for Membership of the Newcastle & Port Stephens Game Fish Club Limited and if accepted agree to be bound by the Constitution & Rules of the said Club and to all subsequent amendments there to. I acknowledge that the Annual Membership Subscription Fee must accompany this application. A set of rules and the constitution are available from the club office

Applicants signature: _____ *Date:* _____

Proposer and Seconder must be a member of at least one (1) year standing.

_____ _____
(Full name – in block letters) *(Full name – in block letters)*

Membership number _____ *Membership number* _____

_____ _____
Signature *Date* *Signature* *Date*

OFFICE USE ONLY: ***Initials:*** _____

Identification Provided: _____ ***Receipt Number:*** _____

Amount Received: _____ ***Date:*** _____

Nomination: ☐ ***Accepted*** ☐ ***Rejected*** ***Membership Number:*** _____