



# THE CLARENCE LICENSED ANGLERS CLUB INCORPORATED



P.O.Box 291 ROSNY Tasmania 7018

Email: clacinc@hotmail.com

Website: <http://www.angelfire.com/tn/ClarenceAnglers>

## Family Membership Application Form – Annual Subscription \$50.00

### Application to join the Clarence Licensed Anglers Club Incorporated.

*Hereinafter referred to as the "Club"*

### Family Details

**Family Applicant's Name:** Mr/Mrs/Miss/Dr

*Delete as appropriate*

*Surname*

*Given Names*

**Family Member Name:** Mr/Mrs/Miss/Dr

*Delete as appropriate*

*Surname*

*Given Names*

**Family Member Name:** Mr/Mrs/Miss/Dr

*Delete as appropriate*

*Surname*

*Given Names*

**Family Member Name:** Mr/Mrs/Miss/Dr

*Delete as appropriate*

*Surname*

*Given Names*

**Family Member Name:** Mr/Mrs/Miss/Dr

*Delete as appropriate*

*Surname*

*Given Names*

**Address:**

*Street Number*

*Street Name*

*Suburb*

*Post Code*

**Contact Numbers:**

Private:

Business:

Mobile:

Email:

### Applicant's Statement for Family Membership

I hereby apply to become a family member of the Club and agree to abide by the Rules of the Club.

I agree to pay the Club fees when due.

**Name:**

**Signature:**

**Date:**

### Nomination

We, the undersigned, being financial members of the Club, nominate the above for membership of the Club. We affirm that we believe the above to be suitable to be active and involved members.

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

### Committee's Decision

The Committee has considered the application of the above to join the Club and has resolved that the application be rejected/accepted subject to payment of the appropriate fees and that the above be advised accordingly.

**Signed on behalf of the Committee:**

**Date:**

*Secretary/Public Officer*