

2018-19 MEMBERSHIP FORM CANBERRA FISHERMAN'S CLUB INC

Affiliated with the Australian National Sportfishing Association (ANSA)

Surname:										
First Name:	•									
Partner's N	ame:									
Child 1:						DOB:		M/F		
Child 2:						DOB:		M/F		
Child 3:						DOB:		M/F		
Address:							1	1		
Suburb:				State:			Postcode	:		
Email:							1	<u> </u>		
Phone:	(h)				(w) (mob					
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Note: Optional	ANSA aff	iliation entitles		onal/Inte juries I			ord Claims	and NSW	Sporting	
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Length: Beam:			Diaugn					Deck Colol	ck Colour:	
Trailer Manufacturer:					Trailer Registration:					
Radio Fitted: Yes / No					Call Sign:					
Person to con	ıtact in c	ase of emer	gency N	Name:						
Home Phone: Work Phone:					Mobile Phone:					
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CF	C Fee: \$_	.00	ANSA F	ee: \$.00 Total a	amount due: \$	50	0	
Treasurer's Receipt No:						Date:/				
CFC	Members	hip No:	Record	ded & In	cluded	on Mailing	Lists: Date: _	//	·	
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