MOUNT MAUNGANUI SPORTFISHING CLUB INC P.O. BOX 5131 MOUNT MAUNGANUI.

MEMBERSHIP APPLICATION FORM

ANNUAL FEES: ADULT \$70 COUPLE \$90 FAMILY \$100

INTERMEDIATE (17-20yr's and is a student) \$30.00 JUNIOR (16yr's & under) \$10.00

HALF YEAR: ADULT \$45 COUPLE \$55 FAMILY \$60

MEMBERSHIP (please circle)	ADULT	COUPLE		FAMILY	INTERMED	DIATE	JUNIOR
MEMBERSHIP TYPE (please circle)	FULL YEAR 1 st July – 30 th June		HALF YEAR 1 st December – 30 th June		NEW	or	RENEWAL

Half year = Available from 1st December to be full Club and fishing member until June 30th.

NB The above part membership may be used only once, progression then to full annual members please ©

APPLICANT: (Membership to be confirmed / declined at next monthly meeting)

Surname:

First Name:

		SPOUSE / PARTNER:		
First Name:		M F Surname:		
		DETAILS:		
Address :		Phone:	A/H	
		Cell		
		Bus.		
E-mail:				
	FAMILY N	IEMBERSHIP: CHILDRENS DETAILS (16yr's	and under)	
NAME:	И F	D.O.	В	. <u></u>
NAME:	И F	D.O.	В	
NAME:	И F	D.O.	В	
		I/We agree:		
 To abide by al 		NT MAUNGANUI SPORTS FISHING CLUB Inc		RTS CLUB Inc.
MMSFC may provide		ng any enquiry to any source regarding my, rsonal information as disclosed on this app	•	l any affiliated club
SIGNATURE	OF APPLICANT:		DATE:	
OMINATED BY: NAME:		MEM/NO:	SIGNATURE:	
ECONDED BY: NAME:		MEM/NO:	SIGNATURE:	
VESSEL DETAILS				
NAME:		LENGTH:	VHF CALL SIGN:	
TYPE:		EMERGENCY CONTACT NO:		

PLEASE INCLUDE PAYMENT WITH APPLICATION

Account Name: Mt Maunganui Sport Fishing Club

Bank Account: 03 0374 0154303 00

Particulars: Member (write Member)

<u>Code:</u> MMSFC membership number (returning members) <u>Reference:</u> Your Last name (add first name initial if room allows)