



## MEMBERSHIP APPLICATION FORM

Southern Fly Fishers Aust. Inc.

PO Box 388, Moorabbin 3192

### Applicant to Complete

Nominee's Name:	
Street Address:	
Suburb & Post Code:	
Mobile Number:	
E mail address (please print):	
Proposer (if applicable):	
Secunder (if applicable):	
Where did you hear about the Club?	
Previous flyfishing experience:	

### Club Use Only

Membership Category:	
Date submitted to Committee:	
Approved:	Y/N
Notification to:	Secretary
	Editor
	Treasurer
	Applicant

**Membership is subject to confirmation by the Committee of Southern Fly Fishers Aust. Inc. and payment of the applicable subscription fees.**

**Completed forms should be e mailed to [secretary@southernflyfishers.org.au](mailto:secretary@southernflyfishers.org.au)**