



## REQUIN ANGLING CLUB MEMBERSHIP FORM 2019

Please complete the following form and email it to [requinangling@gmail.com](mailto:requinangling@gmail.com)

MAIN MEMBER DETAILS		
First Name:	Surname:	
ID Number:	Date of birth (dd/mm/yyyy):	
Email:	Cellphone:	
SA Number:	Allergies:	
Medical Aid Name:	Medical Aid Number:	
Emergency Contact Name:	Emergency Contact Number:	
Physical Address:		
Suburb:	City:	Code:
Select facets for participation:	Freshwater	Saltwater
FAMILY MEMBERS *		
* REQUIRED ONLY IF FAMILY MEMBER(S) WILL ACTIVELY BE FISHING DURING THE YEAR		
1	Name:	ID Number:
	Date of birth (dd/mm/yyyy):	Relationship to Main Member:
2	Name:	ID Number:
	Date of birth (dd/mm/yyyy):	Relationship to Main Member:
3	Name:	ID Number:
	Date of birth (dd/mm/yyyy):	Relationship to Main Member:
4	Name:	ID Number:
	Date of birth (dd/mm/yyyy):	Relationship to Main Member:
FEES		
Y	Family Membership @ R 300.00 per year (or R 150.00 if after 1 July)	R
<b>Members will be notified once Union Fees are available for payment</b>		
<b>BANKING DETAILS:</b> Requin Angling Club First National Bank Branch 256655 Account 6207 356 8332 Current Account <i>*Please use your name as reference*</i>		
SIGNATURES		
By submitting this application you hereby agree to the following: <ul style="list-style-type: none"><li>You have read and accept the contents of Requin Angling Club's Constitution (available on the website or by request)</li><li>As a member of Requin Angling Club, it is the member's responsibility to inform the Club of any changes to these details</li></ul>		
Signature of applicant:		Date: