



## REQUIN ANGLING CLUB MEMBERSHIP FORM v2025.02.17

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

MAIN MEMBER DETAILS									
Initials:		First Name(s):		Surname:					
ID Number:				Date of birth (dd/mm/yyyy):					
Email:				Cellphone:					
SA Number:									
Medical Aid Name:				Medical Aid Number:					
Emergency Contact Name:				Emergency Contact Number:					
Physical Address:									
Suburb:			City:		Code:				
Postal Address the same as Physical Address?		Y / N		If no, please complete below:					
Postal Address:									
Suburb:			City:		Code:				
Please select facet(s) for active participation:		Freshwater		Y / N	Saltwater		Y / N		
FAMILY MEMBERS *									
* REQUIRED ONLY IF FAMILY MEMBER(S) WILL <b>ACTIVELY</b> BE FISHING DURING THE YEAR									
1	Name:			ID Number:					
	Date of birth (dd/mm/yyyy):			Relationship to Main Member:					
	SA Number:								
2	Name:			ID Number:					
	Date of birth (dd/mm/yyyy):			Relationship to Main Member:					
	SA Number:								
3	Name:			ID Number:					
	Date of birth (dd/mm/yyyy):			Relationship to Main Member:					
	SA Number:								
4	Name:			ID Number:					
	Date of birth (dd/mm/yyyy):			Relationship to Main Member:					
	SA Number:								
FEES									
Please refer to the website for Family Membership Fees due. Members will be notified regarding applicable Union Fees during the year.									
<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:				