



## 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 ACTIVELY 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						
<b>Please refer to the website for Family Membership Fees due. Members will be notified regarding applicable Union Fees during the year.</b>						
BANKING DETAILS:						
Requin Angling Club First National Bank Branch 256655 Account 6207 356 8332 Current Account *Please use your name as reference*						
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:			