Venus Bay Angling Club Inc.

MEMBERSHIP APPLICATION FORM 2024



RENEWAL	(Please fill in name and payment details only)			
NEW MEMBER		(Please fill in all details below)		
NAME/S	1.	GIVEN NAME	SURNAME	
WAIVILY 3	2.			
CHIDREN UNDER 16	1.			
-	2.			
-	3.			
	4.			
POSTAL ADDRESS				
-			POSTCODE	
-				
PHONE	НОМЕ			
<u>-</u>	MOBILE			
EMAIL				
* * * Mem	MEMBE	fees are \$40 for singles ERSHIP VALID FROM 1st Jan - 32 ect to approval by the committe	Ist DEC	
METHOD OF PAYM	ENT			
CASH		EFTPOS		
BANK TRANSFER		Venus Bay Angling Club Inc. BSB: 633-000 Account no Please use your <u>Full Name</u> as	: 135809325 reference	
PAYMENT OF	\$	PAYMENT DA	TE	

IN CONSIDERATION of the **VENUS BAY ANGLING CLUB INC.** ("The Club") accepting my/our application for membership of the Club.

I/WE DO HEREBY indemnify and keep indemnified, members servants and/or Agents from or against any damages or loss which may befall on or occur to me, my spouse or partner, my children, my guests my visitors or their property as a consequence of or arising directly or indirectly out of the Club's activities or functions.

I/WE further authorise any officers, members, or servants of the Club in the event of any injury of illness befalling me, my family, my guests or visitors whilst I/We are participating in any way in any Club activity or function to obtain medical assistance or treatment they may deem necessary or expedient and for this purpose to engage any doctors, para medics, nursing assistance, hospital accommodation or transport of any kind and I/We do hereby indemnify the Club from or against any medical or other expenses or so incurred and will pay such expenses to the Club on demand.

I/WE acknowledge that whilst the Club may hold certain insurance covers from time to time it has no obligation to me, my guests, or visitors to insure against all or any loss or damage I/We or they may suffer.

DATED this	day of	20_				
	NAME (Please Print)					
Member 2: (Spouse/partner only): NAME (Please Print)						