MEMBERSHIP APPLICATION AND RENEWAL FORM

Avalon R.S.L. Cub Membership Number:_____ **Date:**_____

Name:_____

Address:_____

Home Phone Number:_____

Mobile:_____

E-mail Address:_____

Boat Name:_____

Family Members **1:**_____

2:_____ **Age of child:**_____

3:_____ **Age of child:**_____

4:_____ **Age of child:**_____

Fees (Includes GST)**:** Members $35 Family $50 Junior U/18 $5.50

* Child must be under 18 years of age to come under family membership

Please complete and return with your fees to:
Avalon Fishing Club
PO Box 13, Avalon Beach NSW 2107

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Avalon Beach RSL Fishing Club Membership Receipt

Applicant Name:_____ RSL Member No:_____

☐ $35 Single Membership ☐ $5.50 U/18 Single Membership

☐ $50 Family Membership

Membership Received by:
Name:_____ Signature:_____

☐ I acknowledge that I have read & agree with the Avalon Beach RSL Fishing Club rules & regulations.