

MEMBERSHIP APPLICATION AND RENEWAL FORM

2019 to 2020 Season



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	



Avalon Beach RSL Fishing Club Membership Receipt

Applicant Name: _____ RSL Member No: _____

\$50 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.