



# WHAKATANE SPORTFISHING CLUB INCORPORATED MEMBERSHIP APPLICATION FORM

**Fees MUST accompany this application**  
**Financial Membership Year is 1 August to 31 July**

## Primary Member Details:

Surname \_\_\_\_\_ Christian Names \_\_\_\_\_  
Address \_\_\_\_\_ Preferred Name \_\_\_\_\_  
\_\_\_\_\_  
Mobile \_\_\_\_\_  
Business \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

## Membership Type/Fees:

- |                                    |  |       |
|------------------------------------|--|-------|
| <input type="checkbox"/> Senior    | <i>Aged 17 &amp; over (as at 1 July)</i>                       | \$90  |
| <input type="checkbox"/> Student   | <i>Aged 17 to 23 School Pupil / Full Time Tertiary Student</i> | \$60  |
| <input type="checkbox"/> Junior    | <i>Aged 16 &amp; Under (as at 1 July)</i>                      | \$30  |
| <input type="checkbox"/> Family    | <i>Husband &amp; Wife / Partner only</i>                       | \$160 |
|                                    | <i>Per Junior Family Member</i>                                | \$30  |
| <input type="checkbox"/> Social    |  | \$50  |
| <input type="checkbox"/> Summer    | <i>Valid 1 December to 31 May</i>                              | \$30  |
| <input type="checkbox"/> Corporate | <i>Manager Approval Required</i>                               | N/C   |

**Amount Paid**

\$ \_\_\_\_\_

**Office Only  
Receipt #**

\_\_\_\_\_

## Family Membership Details:

Name Spouse \_\_\_\_\_ Mobile \_\_\_\_\_  
Name Child \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name Child \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name Child \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Boat Details:(if applicable)

Boat Name \_\_\_\_\_ Make \_\_\_\_\_ Length \_\_\_\_\_ Call Sign \_\_\_\_\_

## Declaration:

**I HEREBY AGREE TO ABIDE BY THE WHAKATANE SPORTFISHING CLUB INCORPORATED  
CONSTITUTION, BY-LAWS AND APPLICABLE RULES**

Copies are available at [www.whakatanesportfishingclub.co.nz](http://www.whakatanesportfishingclub.co.nz)

*New Members please be advised that there is a trial period of three months.*

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominators Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Membership # \_\_\_\_\_

Seconders Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Membership # \_\_\_\_\_

*(Nominator & Seconder MUST be Current Financial Members of the Whakatane Sportfishing Club Incorporated)*

**Muriwai Drive Whakatane 3120**

**PO Box 105 Whakatane 3158**

**Phone 07 307 0334**

**Email [office@wsfc.co.nz](mailto:office@wsfc.co.nz)**

**Skippers Restaurant Phone 07 307 0009**