

NEW NORFOLK LICENSED ANGLER'S ASSOCIATION INC.



MEMBERSHIP APPLICATION

Season Membership Period: 5th August 2023 – 5th August 2024

Date: _____

I (full name) _____

Submit this application to be admitted as a member of the New Norfolk Licensed Angler's Association Inc.

Address _____

Telephone (Home) _____ (Mobile) _____

Email _____

Date of Birth _____

Additional family applicants at the same address:

Name _____ D.O.B. (If under 16) _____

Name _____ D.O.B. (If under 16) _____

Name _____ D.O.B. (If under 16) _____

Name _____ D.O.B. (If under 16) _____

MEMBERSHIP COSTS

\$40.00 Adult* – Includes All Comp Fees \$ _____

\$10.00 Junior* – Includes All Comp Fees \$ _____

\$70.00 Family Membership* (2 Adults & Children under 17yrs) \$ _____

\$30.00 Adults – No Comps Included \$ _____

\$5.00 Junior – No Comps Included \$ _____

Competition Fees:

\$10 Adults* \$ _____

\$5.00 Junior* \$ _____

\$ _____

*Excludes x2 Comps

TOTAL FEES DUE: \$ _____

BANK DETAILS

New Norfolk Licensed Anglers Association Inc

BSB: 067-404

Account Number: 1017 6803

Reference: 'Your Name' Membership

I/We the undersigned, agree that if my/our application for membership of the New Norfolk Licensed Angler's Association Inc./New Norfolk Angler's Club is accepted I/We shall not claim against the New Norfolk Licensed Angler's Association Inc./New Norfolk Angler's Club for any injury to myself/ourselves, for any damage or loss of my/our possessions or Public Liability during any competition or other activity conducted by the New Norfolk Licensed Angler's Association Inc./New Norfolk Angler's Club at any time and I/We agree to indemnify and repay the New Norfolk Licensed Angler's Association Inc./New Norfolk Angler's Club any costs, loss or damage for such claims whether incurred with or without my/our consent thereto.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Please return the application & payment receipt to:

Adam Rice – valleyfishes@gmail.com

0437 717 505

New Norfolk Licenced Anglers Association Inc

New Norfolk Anglers Club



Photography & Video Consent Form

Member/Parent/Guardian Name:

The Parent/Guardian of (Children's Names):

Give permission for my own & my child's photographs and/or videos taken as part of the New Norfolk Licenced Anglers Association Inc./New Norfolk Anglers Club events, to be used now or in the future for the purpose of external communications, including advertising and marketing, as well as posted on the Club's Social Media account (s) including Facebook, the Gazette Newspaper, Derwent Valley Gazette Fishing Facebook page and New Norfolk & Derwent Valley News Newspaper.

I understand I can withdraw the above consent at any time by advising the New Norfolk Licenced Anglers Association Inc./New Norfolk Anglers Club in writing.

Member/Parent/Guardian's Name:

Child's Name:

Home Address:

Parent/Guardian's Signature:

Date:

