



I hereby apply for membership of Fly Fish Australia Inc.

Title (Mr, Mrs, Ms, Dr etc) :	
First name :	
Last name :	
Date of birth :	
<u>Postal Address :</u> Street or Post Office Box : Town or City : State : Postcode :	
Home phone number :	
Work phone number (if you can take calls) :	
Fax number :	
Mobile phone number :	
Email address :	

Please find attached my payment calculated as follows:

		\$ EXTENSION
MEMBERSHIP FEE FOR YEAR IST OF JULY TO 30 TH JUNE	\$25 FOR 18 YOA TO 25YOA OR \$50 ALL OTHERS	
NOMINATION FEE	\$30 FOR NEW MEMBERS OR \$30 FOR RENEWALS AFTER 30 TH SEPTEMBER	
TOTAL ATTACHED		

In hereby confirm that I will abide by the Constitution, Competition Rules, the By laws of Fly Fish Australia Inc.

.....
(SIGNATURE)

.....
(DATE)

THIS DOCUMENT AND PAYMENT SHOULD BE HANDED TO THE TREASURY OF THE CHAPTER OF FFA FROM THE STATE IN WHICH YOU PERMANENTLY RESIDE. THOSE CONTACT ADDRESSES CAN BE ACCESSED VIA THE CONTACT PAGE ON THE WEBSITE
www.flyfishaustralia.com.au