



MEMBERSHIP FORM

Membership period 1st July to 30th June each year

\$2 for 1 year / \$5 for 3 years

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

First Name: _____

DOB: ____/____/____

Last Name: _____

Mobile: _____

Email: _____

Street Address: _____

Suburb: _____

Postcode: _____

Postal Address: (if different from above)

Interested in going fishing? Ask our receptionist for info.

How did you hear about us?

☐ The Lake News

☐ Word of Mouth

☐ Google

☐ Greater Springfield Times

☐ Facebook

☐ Community Event

☐ Inala Plaza

☐ Other

☐ I agree to comply with and observe the rules of The Blue Fin Fishing Club and any alterations and amendments that may be made.

I am over 18 years of age and acknowledge that social membership does not confer voting rights or propriety rights in the club

I understand that sometimes The Blue Fin Fishing Club may contact me via SMS, email, phone or direct mail for marketing purposes or in the instance that I have qualified for a particular promotion. I understand that I can opt out of receiving promotional correspondence from the Blue Fin Fishing Club at any time. I also understand that my details will not be passed on to any other parties.

Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Membership Number: _____

Proof of ID: _____