



## Eastern Cape Fly-Fishing

### *General Membership* (Tick appropriate)

NEW MEMBERSHIP APPLICATION \_\_\_\_\_ OR RENEWAL [Membership No. \_\_\_\_\_]

**Full Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**A.) Physical Home Address:** \_\_\_\_\_ **Eastern Cape Resident** **Y / N**

**B.) Postal Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

**Email:** \_\_\_\_\_ Fax: \_\_\_\_\_

**AREA:** \_\_\_\_\_ **Flyfishing Preference:** Trout / Yellowfish / Bass / Saltwater  
River / Stream / Stillwater

**CLUB AFFILIATION:** \_\_\_\_\_ **Club Membership No:** \_\_\_\_\_

**Flyfishing Experience:** Novice / Beginner / Veteran [ \_\_\_\_\_ Yrs]

**Membership Category Required:** (Please see ECC Schedule of Membership Subs): \_\_\_\_\_

**Account Details:** Eastern Cape Chapter FOSAF; FIRST NATIONAL BANK Ght; **Account No.:** 53690007100; **Branch code:** 210-717

Affiliation Fee (New applicants – R20.00) R \_\_\_\_\_

Membership Fee R \_\_\_\_\_

E.C.C.FOSAF Badge (R20.00) R \_\_\_\_\_

**TOTAL PAYABLE:** **R** \_\_\_\_\_

Please forward cheque to box 2064 Grahamstown, or fax deposit slip to 046 622 7659 or e-mail to [jessicafick@albanynet.co.za](mailto:jessicafick@albanynet.co.za) to confirm payment

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this form I agree to abide by the rules, regulations and ethos of the ECC.*

**Official Use:**

Membership Number allocated:

Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

E.C.C. Chairman's Signature: \_\_\_\_\_