



## Eastern Cape Fly-Fishing

*E.C.C.: Lodges, Riparian owners and Service providers*

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

Name of establishment: \_\_\_\_\_ Name of owner: \_\_\_\_\_

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

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

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

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

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

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

Other activities offered:- *(Tick appropriate)*  
Horse-riding / Bird watching /Hikes / Clay Pigeon / Farm activities / Quad bikes / Camping

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

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

Affiliation Fee <i>(New applicants – R20.00)</i>	R	
Membership Fee	R	
FOSAF E.C.C. Badge <i>(R20.00)</i>	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: \_\_\_\_\_