



AUSTRALIAN RECREATIONAL
FISHING FOUNDATION

Membership Application Form

Full Member / Associate Member

(please circle)

I _____ (Full name)
Of the _____ (Organisation Representing if any)

Wish to be considered as a Member of the Australian Recreational Fishing Foundation (ARFF)

Signed _____

Date _____

The information requested below will be kept confidential but relevant information will be submitted to ASIC in line with ASIC regulations

Registered Company

Name _____

Registered Address _____

Postal Address _____

ABN _____

Primary Contact _____

Telephone/Mobile _____

Secondary Contact _____

Telephone/Mobile _____

Disclosure _____

(Is the company you represent a member of any other representative bodies, if so please provide the company names)

The following information is for ARFF Company Records

I represent _____ individual people of the recreational fishing community
(Please enter the number of members in your organisation)

I represent _____ organisations within Australia
(Please enter the number of organisations that are members of the organisation you represent)

By signing the application form I agree to abide by the ARFF Constitution (copy of the current Constitution is attached for information)

Please forward your completed application form to: enquiries.arff@gmail.com