

# WATERVAL BOVEN TROUT ASSOCIATION

P. O. Box 333, Waterval Boven, 1195 ; E-mail :members@wbta.co.za, Fax : (086) 503-7336

## APPLICATION FOR RENEWAL OR NEW MEMBERSHIP FOR 2009 ( March2009/Feb2010 )

I hereby apply for membership of the WATERVAL BOVEN TROUT ASSOCIATION. I agree to be bound by the constitution and by-laws of the association and accept that angling for trout is restricted to the use of artificial (non-spinning) flies, using floating or sinking lines

<b>SURNAME *</b>		<b>Date of Birth</b>	___/___/19___
<b>FIRST NAMES *</b>			
<b>OCCUPATION / FORTE</b>			

ADDITIONAL MEMBER(S)			
Names	Surname	Date of Birth	Gender
		___/___/19___	
		___/___/19___	
		___/___/___	
		___/___/___	

<b>POSTAL ADDRESS *</b>		
		<b>Postal Code *</b>

<b>Tel (Work)</b>		<b>Tel (Home)</b>	
<b>Tel (Cell) *</b>		<b>Fax</b>	
<b>E-mai *</b>			

<b>APPLICATION ACCEPTED</b>	YES	NO
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<b>Referred by WBTA Member</b>		
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Name of WBTA Member                      Membership No.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_                      \_\_\_\_\_/\_\_\_\_\_/20\_\_\_

Signature - Proposer                      Chairman / Committee Member

**\* If Membership is refused, no reason will be given**

## INDEMNITY FORM

I am aware that neither the WATERVAL BOVEN TROUT ASSOCIATION (WBTA), nor any of its members, nor the landowners of the fishing areas, accept any responsibility for death, injury, damage to, or loss of property suffered by me, or any member of my immediate family, or any of my guests, or employees, which may be sustained or caused, in any matter whatsoever, whether negligently or not, while using the facilities of the WBTA, and or any area covered by the fishing rights held by WBTA. I hereby indemnify and hold the WBTA, its members and the landowners of the fishing areas harmless against any claim made against WBTA and or its members, and or the landowners of the fishing areas for any such death, injury, damage to or loss of property.

**NB : \* Must Be Fulfilled In, Please.**

IF THE MEMBER IS UNDER 18, THE GUARDIAN MUST COMPLETE THE PORTION ON THE RIGHT :

<b>MEMBER'S NAME</b>		<b>GUARDIAN'S NAME</b>	
<b>ADDRESS</b>		<b>ADDRESS</b>	
<b>Postal Code</b>		<b>Postal Code</b>	
<b>Tel No.</b>		<b>Tel No.</b>	

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_                      \_\_\_\_\_/\_\_\_\_\_/20\_\_\_

GUARDIAN'S SIGNATURE

DATE                      \_\_\_/\_\_\_/20\_\_\_                      DATE                      \_\_\_/\_\_\_/20\_\_\_

CLUB FEES	ADMIN FEE FOR NEW MEMBERS	ANNUAL SUBS Year ending 28 Feb 2010
All Member (Male/Female)	R100-00	R300-00
Juniors (Under 16)	R50-00	R150-00
Country Member	R100-00	R300-00

Please circle appropriate choices

**Note: Only new members pay the admin fee. Everyone needs to pay annual subs.**

\* Cheque/Copy of Bank Deposit Slip / proof of Electronic Transfer to accompany this application form and fax to 086 503 7336

\* Account Name: WBTA, First National Bank Waterval Boven, Account No. 54220021594, Branch Code 270551

\* Electronic Transfer / Bank Reference : Your name and surname

<b>Total Amount</b>	
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