

**Australian Underwater Federation Inc.
CLUB MEMBERSHIP FORM
2015/2016**



Club Name: _____ Tel: _____

Postal Address: _____ Fax: _____

Contact Name: _____ email: _____

Club Office Bearers Details

Position	Name	Tel	Mobile	Email - PLEASE PRINT
COMMISSION	FULL CLUB MEMBERSHIP \$20.00			TOTAL
Spearfishing	\$		\$	
Underwater Hockey	\$		\$	
Recreational Diving	\$		\$	

INCORPORATED - YES/NO If incorporated please attach model rules to this form

UNINCORPORATED CLUBS MUST COMPLETE CLAUSE BELOW:-

REPRESENTATIVE MEMBERSHIP POSITION

The Representative that is nominated and signs the Representative Membership Position will be the representative for the club's dealings with the AUF.

Club Name:-.....nominate(name of representative) as our Representative Membership Position.

Signed:-..... Dated:-.....

(by above named representative)

Please Post with payment to:-
Australian Underwater Federation
PO Box 195
Menai Central NSW 2234