



## FULL MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

Name of Applicant:

Fishery licence held:

Licence No:

Residential Address:

Postal Address:

Phone:

Mobile:

Email (required):

### NOMINATED REPRESENTATIVE (FOR CORPORATE BODY MEMBERS)

**NB:** This person will receive all notices and correspondence and be able to vote at regional elections and the AGM on relevant matters.

Name:

Representative Address:

Phone:

Mobile:

E-mail (required):

### ELIGIBILITY OF APPLICANT

Tick appropriate box	Licence Number held	Application is made under Rule 4(2)a of the SSPWA Constitution as follows:
		Individual or company Holders of a <b>Managed Fishery License</b> within an <i>Established Fishery</i>
		Individual or company Holders of <b>Exemptions</b> within an <i>Established Fishery</i>
		Individual or company Holders of a <b>Fishing Boat Licence</b> with access to an <i>Established Fishery</i>
		Individual or company Holders of an <b>Interim Managed fishery permit</b> to an <i>Established Fishery</i>

**Describe all fisheries you represent under the individual or corporate name of the applicant:**

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REGION OF THE APPLICANT – DETERMINED BY <u>RESIDENTIAL ADDRESS</u> (CIRCLE ONE)			
<b>Esperance</b>	<b>Albany</b>	<b>South West</b>	<b>Metro (or other)</b>

SSPWA MEMBERSHIP FEES (2024)		
Annual Subscription	\$165.00 <i>(including GST)</i>	Payable on invoice
Pay by Cheque to:	Southern Seafood Producers (WA) Association Inc.	PO Box 1605 Fremantle WA 6959

DECLARATION	
Upon acceptance as a Full Member of the SSPWA, we hereby authorise SSPWA to enter our name in the Register of Members and promise faithfully to abide by the Constitution of the Association.	
Signature of applicant:	Date:

NOMINATOR			
A nominator is required to become a Full Member of the SSPWA Association. Nominators must be current financial members of the SSPWA at the time of nomination.			
Name of nominator:			
Region of the nominator, please circle one:			
<b>Esperance</b>	<b>Albany</b>	<b>South West</b>	<b>Metro (or other)</b>
Nominators Signature:		Date:	

***For official use only***

<input type="checkbox"/> <b>Residential address and email</b> <input type="checkbox"/> <b>Fees received</b> <input type="checkbox"/> <b>Tax invoice sent</b> <input type="checkbox"/> <b>Committee approved</b> <input type="checkbox"/> <b>Added to members register</b>
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