



GARDEN ISLAND FISHING & AQUATIC ASSOCIATION (INC)
MEMBERSHIP DETAILS FORM FOR 2021/22

PLEASE FILL IN THE FORM IF THERE HAS BEEN A CHANGE IN ANY OF YOUR DETAILS
AND RETURN TO THE GIFAA SECRETARY

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

PRIMARY (PU) / AUTHORISED (AU) USER - MOORING No.: _____

VESSEL NAME: _____ SECONDARY VESSEL _____

LENGTH: _____ LENGTH: _____

DoT REGISTRATION: _____ DoT REGISTRATION: _____

Enclose copy of DoT details – not just the receipt

INSURER: _____ INSURER: _____

POLICY NO: _____ POLICY NO: _____

Please insert Insurance details and enclose copy of policy

ANY OTHER ADDITIONAL INFORMATION

PLEASE ENCLOSE A COPY OF THE VESSEL'S REGISTRATION AND INSURANCE FORMS

To use or hold a mooring we must have a copy of the latest DoT Registration and Insurance forms
if your vessel details have changed.

Please return form to: Secretary PO 630, Melville, 6956