

## GARDEN ISLAND FISHING & AQUATIC ASSOCIATION (INC) MEMBERSHIP DETAILS FORM FOR 2024/25

## 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:	<del></del>
PRIMARY (PU) / AUTHORISED (AU) (	USER - MOORING No.:
VESSEL NAME:	SECONDARY VESSEL
LENGTH:	LENGTH:
DoT REGISTRATION:	DoT REGISTRATION:
Enclose copy of	of DoT details – not just the receipt
INSURER:	INSURER:
POLICY NO:	POLICY NO:
Please insert Insur	rance details and enclose copy of policy
ANY OTHER ADDITIONAL INFORMA	TION

## 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