



KWAZULU NATAL FLY FISHING ASSOCIATION

REGISTRATION FORM for the 2023 | 2024 FLY FISHING SEASON

Welcome to KZNFFA. So lekker to have you join us.
We would appreciate it if you could please fill in all the details below.

Full Name and Surname: _____

ID Number: _____

Home Address: _____

E-mail: _____

Mobile Number: _____

Category: Junior R600 Senior R650 2 x Family R850 3 x Family R1 250

Medical Condition/s and Allergies (if applicable): _____

We would love to know how you heard about KZNFFA ? _____

**REGISTRATION FEES ARE DUE no later than 45 days from 31st July 2023 FOR EXISTING MEMBERS,
NEW MEMBERS MUST PAY FEES ON APPLICATION**

Please note: This fee does not include event or rod fees for individual trials during the season.

Notes: 1. I hereby wish to apply for registration to the KZNFFA for the purpose of competitive fly fishing in KZN, clinics & social fishing.

2. I agree to abide by all competition rules and regulations as set out by KZNFFA, SAFFA and affiliated organisations.

3. This registration form & POP must be submitted to KZNFFA before competing.

4. The completed forms must be emailed to info@kznffa.co.za and the POP sent to treasurer@kznffa.co.za

Bank : Nedbank
Acc Name : KwaZulu-Natal Fly Fishing Association
Acc No. : 1269845829
Branch : La Lucia
Branch No. : 198765
Reference : Your Surname and Item
 Example: Smith Mem Subs 2023/2024

5. Subscriptions may be revised during the fishing year but only in the event of SAFFA fee structure being adjusted.



Affiliated Member

kznffa.co.za
info@kznffa.co.za

Chairman | Chris Dümmer

Vice Chairman | Graeme Pitt

Secretary | Zena McDavid



KWAZULU NATAL FLY FISHING ASSOCIATION INDEMNITY FORM

1. I, the undersigned acknowledge that I am familiar or have been made aware of the dangers involved in the participation of any KZNFFA Event, and that I understand these dangers and accept the risks which are inherent in my participation in fly fishing, be it in competitions, league and social events, or whilst receiving tuition.
2. I am aware and understand that participation in any KZNFFA Event may involve intense physical exertion in the form of wading and other activities associated with fly fishing. I warrant that I am free from any medical condition that may endanger my life or wellbeing, or the life or wellbeing of any other participant, official, marshal, committee member, organiser, host, sponsor, land owner, or any individual associated to KZNFFA and their events.
3. By my signature hereto, I undertake not to hold KZNFFA or its committee, officials, marshals, organisers, the land owners, hosts, sponsors, or any other related individual liable for any injury, loss or damage which I may sustain whilst participating in any said event, whether while fishing or not and howsoever arising irrespective of whether such loss, injury or damage can be attributed to any act or omission on the part of KZNFFA or its committee, organisers, officials, the land owners, hosts, sponsors and marshals.

Full Name and Surname: _____

Birthdate: _____

Address: _____

Mobile Number: _____

Medical Aid Details: _____

In the event of an emergency, please supply a relative or friends name and contact number

Name: _____

Mobile Number: _____

Signed: _____ at _____ on this _____ day of _____ 202_



Affiliated Member

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