

PVGFC Membership

Year _____
First Name _____
Surname _____
Address _____
Email _____
Telephone _____
Fax _____

Membership Category *(Please Tick)*

Senior VT 5,000

Junior 2,500 VT (16 years or under as at 31st December)

Family 7,500 VT

Boat Owner

Yes Name of Boat _____

No

Payment Details:

Cheques payable to PVGFC

The Treasurer
P.V.G.F.C
PO Box 346
Port Vila

