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| Please email your application to info@recfishwest.org.au:If you would like to contact Recfishwest to discuss your application please call (08) 9246 3366 |

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| **APPLICANT DETAILS**  |
| Full name  |  |
| Telephone |  |
| Email |  |
| Postal Address |  |

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| --- | --- | --- |
| Do you enjoy recreational fishing between Trigg and Two Rocks? | **[ ]** Yes  | **[ ]** No |
| Are you a member of a fishing club or Association | **[ ]** Yes  | **[ ]** No |
| Do you intend to apply to be a member of another other Sector advisory Group  | **[ ]** Yes | **[ ]** No |
| Do you commit to the SAG for the duration of the planning process | **[ ]** Yes | **[ ]** No |

**In 100 words or less describe why you want to be a member of the rec fishing SAG**

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| SECTION TWO – FULL PROJECT DESCRIPTION |

**In 200 words or less describe your Trigg to Two Rocks fishing experience including the type of fishing you do and the areas you are most familiar with**

**In 100 words or less outline what fishing networks you able to draw information from to assist the SAG in providing consistent high-quality advice to inform the marine park planning process?**

**In 100 words or less please provide any further information you feel would benefit your application.**

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| **DECLARATION** |

I confirm that the details contained in this application and any attachments are true and correct. I understand that if this application is approved, my signature below is an agreement to abide by the undertakings and conditions of the SAG as outlined in the SAG Terms of Reference which I have read.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |

**APPLICATIONS MUST BE RECEIVED BY**

**Friday 15th March, 2022**