

NIFA CLG Membership Application



NIFA

*National Inshore
Fishermen's Association*

Please complete this form and send it back to us.

Your full name

Name and registration number of the relevant vessel

Email

Phone Number

Postal Address

Is all of your income derived from Inshore Fishing, or do you have an alternative source of income?

Yes

No

Do you actively skipper/operated the above named vessel yourself?

Yes

No

Are you currently or have you previously been involved in other fishing representative organisation e.g. Producer Organisations (POs).

Yes

No

Do you or any of your immediate family members own, part own or have any involvement in the ownership of fishing vessels other to the vessel above?*

Yes

No

Are you or any members of your immediate family involved in any way in the business of Fish Processing/buying?

Yes

No

Signature _____

Date _____