

Antrim and District Angling Association

Membership Application Form

Name: _____

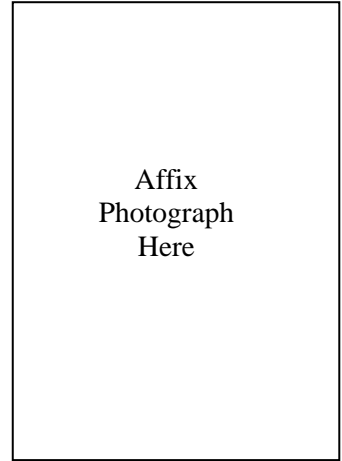
Address: _____

Address: _____

Town: _____

County: _____ Post Code: _____

Telephone: _____ Date of Birth: _____
(block capitals please)



Application for Junior/Senior membership? Junior (under 18) Senior

Have you an immediate family member in the Club? Yes No

Please state family relationship _____

Have you ever had a conviction against the Fisheries Act Yes No

Please state the date and nature of the conviction _____

I wish to apply for membership of the Antrim & District Angling Association, and if accepted, agree to abide by the constitution, rules and byelaws of the Association.

Signature _____

Date _____

Proposed (block capitals) _____

Signature _____

Seconded (block capitals) _____

Signature _____

Please Note:

*Application forms must be fully completed or they will not be accepted.
You must reaffirm your interest in joining the Association each year by letter.
No correspondence will be entered into unless your application is successful.*

**Applications will not be accepted without a SAE and should be forwarded to: Mr Allen Fleming
91 Hartswood
Crumlin
BT29 4PY**

A limited number of season tickets are available (currently £100).
If my application is not successful I would like to be considered for one

Official use Application received _____

First year of application _____

Notes:

Locality	
Family	
Membership	
Conc. Years	
Total	
App Date	