

Antrim and District Angling Association

Membership Application Form

(Please use block capitals)

Name: _____

Address: _____

Address: _____

Town: _____

County: _____ Post Code: _____

Telephone: _____ Mobile: _____

Affix
Photograph
Here

Email: _____ DOB: _____

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

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

If yes, please state family relationship _____

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

If yes, 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 should be forwarded to Mr Allen Fleming, 39B Largy Road, Crumlin, BT29 4RN

Official use

Application received _____

First year of application _____

Notes:

Locality	
Family	
Membership	
Conc. Years	
Total	
App Date	