

APPLICATION FOR MEMBERSHIP

I wish to be considered of the club.	ed for memb	ership of the A	ssociation an	d I agree to abide by the rules
Full name				
Date of birth (if under	18 years)	Date	Month _	Year
Address				
			Postc	ode
Tel. no	el. no Mobile no			
Email address				
Signed			(A	Applicant)
Signed			Pa	arent/Guardian (if under 18)
Subscription	fees			
Adult Senior citizen Invalidity Junior	£48.00 £36.00			
-	nire LS29 8	SU. Please er	iclose an A5	nor, Flat 4, 24 Tivoli Place, (4.5 x 8ins) stamped self-
bank transfer do so bank, sort code 20	to the Ilkl 76-14, acco	ey Angling Asount number	ssociation b 90053066	Association". To pay by ank account at Barclays and put your name on the form '£xx paid by BACS'.
	FOR	OFFICIAL USE		
Date of enquiry		Date Membe	rship form sen	t
Date form received		Date Membe	rshin granted	