

# Antrim and District Angling Association

## Membership Application Form

(Please use block capitals)

Name: \_\_\_\_\_

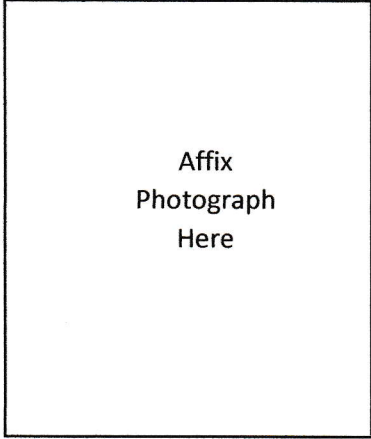
Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_



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    |  |