

# **FAVERSHAM ANGLING CLUB**

## **Application for Senior/Concessionary Membership**

### **Membership Details**

**Please complete the following information in full and return the form together with TWO recent PASSPORT PHOTOGRAPHS to the address shown below.**

Mr  Mrs  Miss  Ms

Forenames:	
Surname:	
Address:	

Postcode:	
Telephone Number:	
Mobile Phone Number:	
Email Address:	
Date of Birth:	

Type of fishing preferred? (Please tick)

Match	<input type="checkbox"/>	Pleasure:	<input type="checkbox"/>
:			

Specimen fishing for:  Carp:   Pike:   Tench/Bream:

Please indicate below your reasons for wanting to join Faversham Angling Club:

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**It is a requirement of membership that you are proposed by two existing club members who can vouch for your honesty and integrity. Both of your proposers should complete and sign the details below.**

<b>Proposer 1</b>	
Membership No.	
Name:	
Signed:	

<b>Proposer 2</b>	
Membership No.	
Name:	
Signed:	