

KYLE OF SUTHERLAND ANGLING ASSOCIATION

Membership Application

Complete in Block Capitals

Date

Title (Mr, Mrs, etc.)

Surname

Forename(s)

Address

Date of birth

Telephone Number

E – Mail

Referee's

Note: at least one must be a club member

Have you previously held membership of this Association?

Yes / No

Do you, or have you, held membership of any other Angling Association?

Yes / No

If **Yes**, please give details.

Is the above address your permanent address

Yes / No

If No, please give details of your permanent address

Official use only

Date of Application		Proposed	
Admitted		Proposed	
Refused		Proposed	