

Kells, Connor & Glenwherry Angling Club

Full Membership Application Form

Please note only fully completed Applications will be considered

Date of Application ___ / ___ / ___ Full Name _____

Home Address only _____

Postcode _____ Telephone No _____ Mobile No _____

E-Mail _____ DOB ___ / ___ / ___

Have you been a member of the above club in the past? Yes / no if yes please give the date and reason you resigned.

Date / / Reason

Are you a member of any other Northern Ireland Angling Clubs? Yes / No if yes please state which

Please give a brief statement as to why you wish full membership of the above club.

Applicant's signature _____

Applicants must be nominated by two fully paid up members of the above club. Nominees must complete and sign the following.

Card No _____

Card No _____

Name _____

Name _____

Address _____

Address _____

Postcode _____ Tele No _____

Postcode _____ Tele No _____

Signed _____

Signed _____

Please return to the club Secretary

Enclosing a Stamped Address Envelope to

Matthew Warwick , 95A Tildarg Road , Kells , Co.Antrim , BT42 3NY

**It is the clubs policy not to hold Unsuccessful applications.
Applicants must apply for membership yearly.**