

# Kells, Connor & Glenwherry Angling Club

## Full Membership Application Form

Please note only fully completed applications will be considered

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**Date of Application:**

**Full Name:**

**Home Address (only):**

**Postcode:**

**Telephone No:**

**Mobile No:**

**Email:**

**DOB:**

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**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:

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

**Applicant's Signature:**

**Date:**

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

**First Nominator**

**Second Nominator**

**Card No:**

**Card No:**

**Name:**

**Name:**

**Address:**

**Address:**

**Postcode:**

**Postcode:**

**Tel No:**

**Tel No:**

**Signed:**

**Signed:**

**Date:**

**Date:**

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**Please return to the club Secretary**

by post to:  
Roy Fullerton  
37 Kildrum Road  
Shankbridge  
Ballymena  
BT42 3DT

*It is the club's policy not to hold unsuccessful applications. Applicants must apply for membership yearly.*