

Application for annual membership of Angel of the North Fishing Club

Name _____

Address _____

Telephone _____

Email _____

Preferred contact method _____

Car Reg _____

For official use only

Paid _____
Added to system _____
Processed _____

Membership number _____

Password _____

Date of Birth ___/___/___

Postcode _____

Mobile _____

Fax _____

Preferred contact time _____

Profession _____

Registered Disabled

(Provide standard proof with application)

Under 16

(Enclose proof of age) Supporting Signature from adult: _____

Senior Citizen

(Enclose proof of age)

What type of fishing do you like?

Mixed Coarse Carp Both

How often do you fish?

Daily Weekly Monthly Quarterly Less often

When do you fish?

Spring Summer Autumn Winter
 Weekdays Evenings Weekends Holidays

Who do you fish with?

Alone With friends With family With a club

Would you be interested in Night Fishing?

Yes No

Please list any other fishing clubs you belong to: _____

Please send me newsletters:

By email By post Not at all

I am happy to receive:

Information and offers from Angel of the North Fishing Lakes
 Information and offers from selected other companies

I have enclosed:

Cheque (payable to Ann & Arthur Adlington) for
 £ 25 or £ 15 (Concession as above)
 Two passport sized photographs

Signed _____

Date ___/___/___