

**KENT (WESTMORLAND) ANGLING ASSOCIATION
MEMBERSHIP APPLICATION FORM**

THIS FORM MUST BE SUPPORTED BY TWO MEMBERS.,INCOMPLETE FORMS WILL BE DELAYED.

Name and Address of Applicant. Print Clearly.

Surname _____ Forenames _____

Main Residence Address
(A copy of your driving licence is required) _____

Postal Code _____ Telephone No _____

Date of birth _____

Have you ever been prosecuted by the Environment Agency or any other Angling Club or Association for Fishing Offences?

Answer Yes or No _____

Further details may be declared on the reverse of this form.

DECLARATION

I consent to KWAA obtaining references as they think fit.

I will provide proof of residency if required.

The information given above is true. I understand that to give false information will result in this application being declared void.

I agree to be bound by the above and by the Articles and Rules of the Association if I become a Member.

I will notify any changes to my current circumstances during the term of waiting.

Signature of Applicant _____ Date _____

1st NOMINATOR DECLARATION

Being a full Season Member of KWAA and in accordance with the Articles of Association, I nominate the above person for Membership.

Name Print Clearly _____ Signature _____

Address _____

2nd NOMINATOR DECLARATION

Being a full Season Member of KWAA and in accordance with the Articles of Association, I nominate the above person for Membership.

Name Print Clearly _____ Signature _____

Address: _____

Nominators please note that if elected by the Committee the Applicant will be placed on the Waiting List and you as Nominators agree that the Applicant will be bound by the Articles and Rules of the Association.

APPLICATIONS MADE ON ANY OTHER FORM WILL BE VOID.

Return to KWAA Secretary details below.

Mr G R Waites 40 Seedfield, Staveley, Nr Kendal LA8 9NJ Phone 07884245741

For Secretary's use only

NOTES

Received _____

Entered _____

Acknowledged _____

Ref- Mbrsp/AppFm/ 01/2006