



Framlingham and District Angling Club

APPLICATION FOR MEMBERSHIP

(TO BE COMPLETED IN FULL USING BLOCK CAPITALS AND BLACK INK)

SURNAME..... INITIALS..... MR / MRS /Ms (please tick)

ADDRESS..... TEL. No.....

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..... POSTCODE.....

DATE of BIRTH

CAR REGISTRATION NUMBER

EA ROD LICENCE NUMBER

E-MAIL ADDRESS

MEMBERSHIP REQUIRED (please tick) SENIOR (FULL), SENIOR CITIZEN,
DISABLED, or JUNIOR (12 to 16yrs).

PROPOSER AND SECONDER: (eg: Two Existing Club Members or if new to the area,
name / address of previous Angling Club Secretary and one other Club Officer). Junior
Members require sponsorship from a parent/guardian AND School Teacher.

PROPOSER

SECONDER

NAME.....

NAME.....

ADDRESS.....

ADDRESS.....

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POSTCODE.....

POSTCODE.....

TEL. No.....

TEL. No.....

Are you willing to attend at least one annual club working party (full and junior
members only)?

**Please send this form fully completed, together with a self-addressed envelope and first
class stamp, to:**

The Membership Secretary, Framlingham and District A.C.
Spring House, School Lane, Ufford, Woodbridge, Suffolk IP13 6DX
Tel: 01394 460550 Email: andrewdennis55@btinternet.com

**NB: New applicants will be required to attend an interview meeting to be considered for
membership.**