

KIRKBY STEPHEN AND DISTRICT ANGLING ASSOCIATION

APPLICATION FOR JUNIOR MEMBERSHIP

Please complete the form and post to:

The Secretary, Kirkby Stephen and District Angling Association
Four Winds, Church Brough, Kirkby Stephen, Cumbria CA17 4EW

Name _____

Address _____

Tel _____ Email _____

I apply to join the Kirkby Stephen and District Angling Association and I hereby undertake, if accepted into membership, to abide loyally by the Rules and Bye-Laws of the Association and to use my best endeavours to promote its objects and interests.

Signed _____

Date _____

PARENTAL CONSENT

I agree to the applicant above becoming a junior member of Kirkby Stephen and District Angling Association. I understand that the Association will not be held responsible for any accident or injury incurred by or any damage, accidental or deliberate, caused by my son or daughter. I agree to inform him/her of the potential risks and responsibilities involved when in the countryside and beside or in water.

Signature of parent/guardian _____

Name _____

Address _____

Tel _____ Email _____

Please provide details of any medical condition, allergies, disabilities of applicant relevant to this application.

FOR OFFICE USE ONLY

This Application was Accepted /Not accepted at Committee meeting held on _____