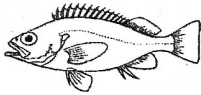
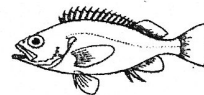


PAIGNTON SEA ANGLERS ASSOCIATION



"Ravenswood" 26, Cliff Road, Paignton. TQ4 6DH
Telephone: 01803 553118



Web site. www.psaa.org.uk Email; info@psaa.org.uk
AFFILIATED TO THE NATIONAL FEDERATION OF SEA ANGLERS
AND THE BRITISH CONGER CLUB

APPLICATION FOR ANGLING MEMBERSHIP

To the Management Committee of Paignton Sea Anglers Association

Delete as appropriate *

Mr Mrs Miss; Surname {Capitals}
First Names {Capitals}
Address {Capitals}
Address
Town Post Code
Email Address
Telephone Mobile

Hereby Apply for Membership of Paignton Sea Anglers Association, as an Active Angling Member

I understand that once a member has registered a fish with Paignton Sea Anglers Association, that member must not weigh in any other fish with any club during that fishing year.

I understand that if I falsify the information on this form, it may result in my disqualification from membership of the Association.

I agree if my membership is accepted, to pay the annual subscriptions and will accept the objectives and rules of the Association.

In a case where an applicant is new to the area or not known to the fishing committee, you will be invited in to the club house by letter for interview by delegated members of the fishing committee .

Please Tick Appropriate boxes. Senior Member { 16 -18 yrs } [] Full Member { over 18 yrs } []

Are you an active Angler? YES [] NO [] Date of Birth { Under 18yrs only }

Signature: {Under 18 yrs Parent Signature} Date:

No Junior Member may propose or second any applicant.

Proposer's Signature Proposer's Phone No

Proposer's Name {REPEAT IN BLOCK CAPITALS}

Angling Membership must be seconded by a member of P.S.A.A Fishing committee. { If unknown to you leave blank }

Seconders's Signature Seconders's Phone No

Seconders's Name {REPEAT IN BLOCK CAPITALS}

OFFICE USE ONLY

Date Received: Receipt No: Amount Paid Mgt. Committee:

Indexed on: Card Sent on: Fob/ Card Number