

# RANDALSTOWN ANGLING CLUB

## MEMBERSHIP APPLICATION 2024

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: (if under 16 see below) \_\_\_\_\_

Proposed: \_\_\_\_\_

Seconded: \_\_\_\_\_

Applicants under sixteen years of age must provide proof of age and the consent of their parent / guardian:

I (name of parent/guardian) \_\_\_\_\_

Of (address) \_\_\_\_\_

\_\_\_\_\_

give consent to this application, and also indemnify Randalstown Angling Club from responsibility for the safety and conduct of the applicant in the vicinity of the Fishery.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Applicants must be proposed and seconded by the current Committee. Forms must be returned by 31st August 2024 to:

**Honorary Secretary, Randalstown Angling Club,**

**C/O 19 Pipe Road Randalstown BT41 2PR**

**\*\*\*For Club use only\*\*\***

Date Received : \_\_\_\_\_

Adult/ Junior