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| **APPLICATION FOR 2019 ASSOCIATE MEMBERSHIP** | | | | | |
| *I the undersigned apply for membership of the above Society and if elected agree to abide by the rules.* | | | | | |
|  | | | | | |
| SIGNATURE |  | | DATE |  | |
| FULL NAME (print) |  | | | | |
| ADDRESS |  | | | | |
|  | | POSTCODE |  | |
| DATE OF BIRTH |  | | TELEPHONE |  | |
| EMAIL ADDRESS |  | | | | |
| SPONSOR (name) |  | | SIGNATURE |  | |
| PREFERRED CORRESPONDENCE METHOD (please select) | | | | EMAIL |  |
| POST |  |
| New applicants must be sponsored by members of at least three years standing. | | | | | |
|  | | | | | |
| **2019 FEES & SUBSCRIPTIONS** | | | | | |
|  | | | | | |
|  | | **COST** | | | |
| ENTRANCE FEE (one off) | | £20 | | | |
| KEY (one off) | | £2.50 | | | |
| ANNUAL MEMBERSHIP FEE | | £60 | | | |
| **TOTAL** | | **£82.50** | | | |
|  | | | | | |
| When completed this form should be returned with **remittance** to :-  **ST JOHNS ANGLING SOCIETY**  **1 COWLEYS WAY**  **CHERRY ORCHARD, PERSHORE**  **WR10 1EY** | | | | | |
| FOR OFFICIAL USE ONLY | | | | | |
| DATE PAID | | |  | | |
| MEMBER NUMBER | | |  | | |