



PORT SUNLIGHT ANGLING CLUB

Application for Membership

Please complete all areas

Classification (please Tick ✓ the appropriate box)

Senior

Junior (14 to 18 Yrs Old)

Surname:

First Name

House Name:

Address Line 1:

Address Line 2:

Address Line 3:

Post Code:

Home Tele:

Mobile:

Email Address:

Other than the Club Forum email is the preferred method of direct communication of information and Club announcements to members

Date of Birth:

I wish to apply for membership of the Port Sunlight Angling Club. I agree to abide by the rules and regulations laid down by the Committee.

Signed: _____ Date: _____

Please send the fully completed application form to the club secretary together with a passport sized photo to the address below. Please **do not** include payment.

Mark Parry, Hon Secretary PSAC, 61, Eggbridge Lane, Waverton, CH3 7PE

Successful applicants will receive a letter in April inviting you to the club hut to join and be shown around our waters.

Information supplied is used for the sole purpose of identification and communication with members and is stored electronically in a secure database and will not be shared with any third party.

Information retained for members who don't renew their membership will be deleted from the database and any written material appropriately and securely destroyed 12 months following the lapsed membership.

The Date of Birth is used to help ascertain the make-up of the club's membership and to identify and confirm concessionary applicants such as Juniors and Minors.