

Application for Membership

Please complete all areas

Classification (please Tick ✓ the appropriate box

	□ Senior	\square Junior (14 to 18 Yrs Old	
Surname:				
First Name				
House Name:				
Address Line 1:				
Address Line 2:				
Address Line 3:		Po:	st Code:	
Home Tele:		Mobile:		
Email Address: Other than the Club Forum of	email is the preferred method of o		mation and Club announcemen	ts to members
Date of Birth:				
	membership of the Por wn by the Committee.	t Sunlight Angling C	Club. I agree to abide b	by the rules and
Signed:		Date:		
If completing as a J responsible Senior	unior or on behalf of a Member below:	Junior please enter	the name and memb	ership No. of the

Please return the fully completed application form to the address below making sure that you include a Cheque made payable to PSAC together with a stamped self-addressed envelope and a passport sized photo.

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

Successful applicants will receive a membership card and comprehensive New Members Information pack by return of post.

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 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.