

## BODMIN ANGLERS ASSOCIATION MEMBERSHIP APPLICATION

### APPLICANTS INFORMATION

Name: \*

Phone: \*

Email \*

Current address: \*

Town \*

County \*

Post Code: \*

### SIGNATURES

Signature of applicant:

Date:

**All Fields \*\*\*** Must be completed on receipt of this completed form enclosed Cheque and a **STAMPED ADDRESSED ENVELOPE** you will receive a Permit return of post

By signing this form you will agree to abide by Bodmin Anglers Associations rules and enter the Clubs land and rights controlled by the Association **entirely at your own risk.** **River banks are slippery and uneven be sure you are wearing appropriate footwear with adequate grip.**

Please send a Cheque for £40.00 and the completed form to.

Lisa Rossiter  
16 Margaret Gardens  
Egloshayle  
Wadebridge  
PL27 6BA