



Essex Coarse Angling Society

THIS MEMBERSHIP FORM IS INVALID UNLESS ALL AREAS ARE COMPLETED.

Title (Mr, Mrs, Miss) Surname Forenames

Home Address

..... Postcode

Home Tel. Mobile Tel. (These are regarded as confidential)

Occupation Email Address

If under 18 give age Date of Birth

PROPOSER (Print Name) Signature

SECONDER (Print Name) Signature

Please note the club members sponsoring the application should know the applicant personally and will be responsible for the behaviour of the new member during their first year.

Should you not know any current members, please leave proposer section blank, complete and return the remainder of the form to the address below.

I agree that as a condition of my membership to Essex Coarse Angling Society that the club will not be liable for personal injury, loss, damage, delay or detention of or to me or my property howsoever caused whilst at or going to or from the clubs waters. I also agree to my personal details being held (electronically and hard copy) in compliance with GDPR 2018. I wish to become a member of the Essex Coarse Angling Society and will abide by the rules of the Society.

SIGNED DATE

I enclose two passport size photos (applications without will not be accepted).

Please list other angling clubs of which you are a member

Details of Joining fee and Subscription fee will be advised if and when the application is accepted.

Minimum age for Full Membership - 18

Fees payable in full irrespective of when a person joins in the Society year.

Membership Book will only be issued after payment has been paid in full.

Online payments: Account Name - Essex Coarse Angling Society, Sort Code - 30-99-50, Account Number - 26448362.

PLEASE ENSURE YOUR FULL NAME IS THE PAYMENT REFERENCE.

Forward completed forms to:

Membership Secretary, Mike Salmons, 15 Church Road, Barling Magna, Southend-on-Sea, SS3 0LS Tel: 01702 217407