



DOVER SEA ANGLING ASSOCIATION
Application Form For Full Membership
(runs 1st January to 31st December)

MEMBER DETAILS (Please complete in BLOCK CAPITALS):

Title:	
Name:	
Surname:	
Address:	
City:	
Post Code:	
Telephone:	
Email:	
Date of Birth:	
Member?	YES / NO
Member #:	

SPOUSE/PARTNER (for joint membership):

Title:	
Name:	
Surname:	
Address:	
City:	
Post Code:	
Telephone:	
Email:	
Date of Birth:	
Member?	YES / NO
Member #:	

I would like to purchase the following:

(Tick relevant box. If purchasing ties/tables, enter quantity)

- Under-16 Individual Membership (£7)
- Adult Individual Membership (£15)
- Adult Joint Membership (£16)
- Over-65 Individual Membership (£7.50)
- Over-65 Joint Membership (£8.50)
- Over-70 with 5 years previous Membership (Free)

- Club Ties (£4.50)
- Dover Area Tide Tables (£1.00)

Please find enclosed for £_____.00

Return with appropriate fee to:

Dover Sea Angling Association
Membership Secretary
14 Priory Road
Dover
Kent
CT17 9RG

Tel: +44 (0)1304 204 722

Web: <http://doverseaanglingassociation.co.uk>

I/we hereby apply for Membership of the DOVER SEA ANGLING ASSOCIATION and promise to abide by all Membership Rules.

Signed:	Date:
Signed:	Date: