

APPLICATION FORM FOR MEMBERSHIP TO THE SALISBURY & DISTRICT ANGLING CLUB

Please refer to Web Site for subscription rates.

PLEASE READ THIS PAGE BEFORE FILLING IN THE FORM ATTACHED

Membership shall be open to all persons aged twelve and over.

Membership is taken up annually on payment of the current subscription and **annual renewal is due on 1st April each year.**

Those persons wishing to fish the nominated stocked 'Premium Game Fisheries' (see fisheries list) shall pay an additional 'Game Fishing Premium' as decided each year at the Annual General Meeting. (A.G.M.)

Membership numbers shall be at the discretion of the Management Committee.

Residents within a 14-mile radius of the centre of Salisbury shall be known as 'Full' Members and will have voting rights at the A.G.M.

Persons taking up membership who do not reside within a 14 mile radius of Salisbury shall be known as 'Associate Members' and have no voting rights at the A.G.M.

* Senior Citizen 'Associate Members' will become eligible for the concessionary rate on their fifth consecutive year of membership.

Application for Junior Membership must be made by the Parent or Guardian in writing.

On certain fisheries two children under the age of 12 may fish free when accompanied by an Adult Member. (see rules for the individual fisheries).

The Committee shall have the power to vary the Subscription in certain cases. (i.e. disabled persons).

Subscription.

The Annual Subscription and Game Fishing Premium shall be decided at the A.G.M. each January. In addition a Registration Fee shall be due from all new applicants.

Click link for rates: <http://www.salisburydistrictac.co.uk/subs.htm>

APPLICATION FORM FOR MEMBERSHIP TO
The Salisbury & District Angling Club.
N.B. Please read overleaf before filling in this Form

Full Name	Mship No
Address	Receipt No
.....	Date
.....	<u>For Office Use only.....</u>

Post Code

E Mail Address

I wish my e-mail to be used to notify me when the newsletter is available on line Yes/No

Date of Birth,all applicants. dd/mm/yyyy

I hereby apply to become an Associate/ Full / Junior / Senior Citizen*
 Member of the Salisbury & District Angling Club. If my membership is accepted, I agree
 to abide by the Club's Rules and Regulations as laid down in the current Year Book.

Signed Date

All junior applications are to be signed by a Parent or Guardian
 No junior under the age of 12 eligible.

Senior Citizens, please enter your National Insurance Number

*Delete that which is not applicable.

Amount Paid: Basic Subscription	£	Please make cheques/postal orders payable to Salisbury & District A.C.
Game Premium	£	
Registration Fee	£	

TOTAL -----

Please send completed form to: - THE ADMINISTRATOR
 THE SALISBURY & DISTRICT ANGLING CLUB
 THE CART SHED
 NEW BOTTOM ROAD
 STRATFORD -SUB-CASTLE
 SALISBURY SP4 6AB

PLEASE ALLOW 21 DAYS FOR PROCESSING AND RETURN