



## **MEMBERSHIP FORM**

**(Please print your information clearly and tick boxes as required)**

OAP ☐ Adult ☐ Junior ☐

NAME OF APPLICANT: .....

ADDRESS: .....

.....

..... POSTCODE: .....

HOME NUMBER: .....

MOBILE NUMBER: .....

EMAIL ADDRESS: .....

BOAT NAME: .....

I agree to be bound by the Scarborough Boat Angling Club's rules if accepted: ☐

I will read the clubs rules and other relevant information on the clubs web site: ☐  
or request the members information pack.

Signature of applicant: ..... Date: .....

Proposed by: ..... Boat ..... Date .....

Seconded by: ..... Boat ..... Date .....

## **COMMITTEE AGREEMENT**

Signature	Print name	Date
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Application accepted / rejected

Visit our web site: [scarboroughboatanglingclub.co.uk](http://scarboroughboatanglingclub.co.uk)