



HOVE DEEP SEA ANGLERS

WESTERN ESPLANADE • HOVE • EAST SUSSEX • BN41 1WE

Telephone (01273) 413000

APPLICATION FOR MEMBERSHIP

Applicant Details

Please Print Clearly. Mandatory Fields are highlighted in RED. Please ensure all required fields are completed before submitting your application.

Title: _____

Title: _____

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Relationship : _____

Note: Joint Membership can only be the Spouse, Long Term Partner or full time carer.

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Occupation: _____

Do you have any Relatives who are already members?

Name: _____ Membership No: _____

Relationship to Applicant: _____

I am applying for MEMBERSHIP and , if elected, agree to comply with the RULES as determined by an ANNUAL GENERAL MEETING or GENERAL MEETING called for that purpose.

Signed : _____ Date: _____

By signing this application, you are agreeing for this form to be displayed at the club for members to see for 7days.

Your personnel details will be kept on record for the duration of your membership. No information will be passed onto any third parties.

NOMINATED BY: Note: proposer and seconder must have been a **FULL** club member for a minimum of **2 years**

(**Associate** members **cannot** propose applicants)

PROPOSER - I have known the above for _____

Signed _____

NAME IN BLOCK LETTERS _____ Memb. No _____

SECONDER - I have known the above for _____

Signed _____

NAME IN BLOCK LETTERS _____ Memb. No _____