



# WESTON ANGLING CLUB RUNCORN



www.westonanglingclub.net

## MEMBERSHIP APPLICATION FORM

**PLEASE PRINT:**

SURNAME: (Mr/Mrs/Miss/Ms/Master) .....

FIRST NAMES: .....

ADDRESS: ..... TEL: (Incl Std) .....

..... POST CODE: .....

..... DATE OF BIRTH: .....

E: MAIL ADDRESS:

..... AGE: .....

**STATUS:** (PLEASE TICK WHERE APPLICABLE).

Under 10 ..... Junior ..... Senior ..... Ladies ..... Invalid ..... Pensioner .....

(IF PENSIONER OR INVALID MEMBERSHIP IS REQUIRED, PROOF OF STATUS MUST BE INCLUDED. e.g.: PHOTOCOPY OF PENSION / INVALID BOOK ect.)

IF YOU WISH FOR CONFIRMATION OF BEING ON THE WAITING LIST, PLEASE ENCLOSE S.A.E.

**DECLARATION:**

I, THE UNDERSIGNED AGREE TO ACCEPT THE RULES OF THE WESTON ANGLING CLUB RUNCORN AND UNDERSTAND THAT I MAY BE PUT ON A WAITING LIST AND INFORMED WHEN A VACANCY ARISES.

SIGNED: .....

DATE: .....

**SEND NO MONEY!**

PLEASE RETURN COMPLETED FORM TO:

W.A.C.R  
C/o 33 HIGHLANDS ROAD  
RUNCORN  
CHESHIRE. WA7 4PT.

**“NO HOUSE OR PHONE CALLS PLEASE”**

(IF UNDER 10 PERMIT IS REQUIRED, PLEASE ENCLOSE PASSPORT PHOTOGRAPH)