

APPLICATION FOR MEMBERSHIP OF THE STORMONT ANGLING CLUB

Please complete the form legibly using a black pen and block capital letters where possible and return the completed form to: The Secretary, Stormont AC, Scone Palace Estates Office, Scone Palace, Perth PH2 6BD.

Applicant Details:

Name:	
Address:	
Postcode:	
Home Tel:	
Mobile:	
E-mail:	
Date of Birth:	

We who are members of Stormont Angling Club, consider the above to be a suitable person for membership: *(Proposer & Seconder to be current SAC members where possible)*

Proposer SAC ID Card No.	Seconder SAC ID Card No.
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Signature:	Signature:

Applicant Disclaimer:

Please list underneath the name & address of any other clubs to which you are, or have been, affiliated to, and length of membership:

If successful in my application to become a member of the Stormont Angling Club I agree to abide by all rules and regulations of the Club:

Signed:

Date: