

Perth & District Anglers' Association.

I hereby apply to become a **full / guest** * member of the above Association and, should I be accepted for membership, I undertake to abide by the Rules of the Association.

(* delete as appropriate)

Full name (block capitals)		Date of birth
Permanent address		
		Post Code
Phone no. (including STD)	Mobile no.	
E-mail address (if applicable)		
Have you ever had a permit revoked?	No	Yes
Have you ever been convicted of a poaching offence?	No	Yes
The Committee may wish to consult with various statutory bodies about your application. Do you agree to this?	No	Yes
Signature	Date	

I, as a full member of Perth and District Anglers' Association, consider the above named person to be a suitable for membership, and certify that the applicant resides permanently at the address given, which **is / is not** * within a radius of 15 miles of Perth. (* delete as appropriate)

Proposed by name (block capitals)	Signature
Membership No.	

Forms should be returned to:

**Mr Peter Strain,
Secretary P.D.A.A.,
2 Mercer Green,
Meikleour.
PH2 6ER**

Note: Please do not send money until requested to do so.
Please enclose a stamped addressed envelope if you require an acknowledgement of this application.

Applications will not be considered unless all sections of the form are completed & signed by an adult full member.

For Association use only.

		Date received
S.A.E./Ack.	Date offered	Receipt/Membership
Date approved	Date paid	Sent