Bromley (Kent) & District Angling Society

President: R E Walker

Member:
Anglers Trust
Salmon & Trout Association

Nomination for Membership, Please tick **Full** ☐ **Junior** ☐

******* PLEASE COMPLETE IN BLOCK CAPITALS *******

Full Name …… Title: Mr ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐

Address ……

……

Post Code……E-mail: address……

Telephone Number……..Date of Birth……

<u>Conditions of Membership:</u> The member agrees to abide by the Rules, Regulations and the Bye-Laws of the Society. Knowing the liabilities of the Society rest upon the members observance of the rules, Regulations and the Byelaws and the interpretation of those enactments of the Committee.

Applicants Signature……..

Fees payable, will be agreed at the Annual General Meeting prior to entry.

RETURN THIS FORM TO THE FOLLOWING ADDRESS **SEND NO MONEY**

BDAS Membership Secretary
PO Box 649
East Grinstead
RH19 4UN
E-mail address: bdas-kent-enquiry@bdaskent.co.uk

For office use only:
Form Returned Date: ……Membership granted date: …….. Society Number: ……

NEW MEMBERS ARE NOT PERMITTED TO NIGHT FISH ANY WATERS DURING THEIR FIRST YEAR OF MEMBERSHIP

BEFORE THE SECOND YEAR OF MEMBERSHIP COMMENCES, NEW MEMBERS WILL BE REQUIRED T0 COMPLETE TWO WORKING PARTIES