# EPSOM ANGLING SOCIETY MEMBERSHIP 2024 - 2025

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| **BLOCK CAPITALS PLEASE**<br><br>**SURNAME**<br><br>**FIRST NAME**<br><br>**ADDRESS**<br><br><br><br>**POSTCODE**<br><br>**TEL NUMBER:** | **PLEASE COMPLETE ONE FORM PER MEMBER**<br><br>**RENEWAL / NEW MEMBER**<br><br><br>PLEASE INDICATE IF YOU WITH TO RECEIVE CORRESPONDENCE VIA E-MAIL: YES / NO<br><br>PLEASE WRITE YOUR EMAIL ADDRESS CLEARLY IN BLOCK CAPITALS BELOW. This will only be used by committee officials for newsletters, announcements and society business only.<br><br>**E-MAIL ADDRESS:** |

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| JUNIOR MEMBER (UNDER 16) – PLEASE INCLUDE COMPLETED JUNIOR APPLICATION FORM | £10.00 |
| JOINING FEE (PER NEW MEMBER - EXCLUDING JUNIOR) | £20.00 |
| SENIOR MEMBER | £62.00 |
| O.A.P. (AGED 65 AND OVER @ 1ST APRIL) D.O.B.  DD / MM / YYYY | £44.00 |
| REGISTERED DISABLED | £44.00 |
| INTERMEDIATE (AGED 16 – 17 YEARS @ 1ST APRIL) D.O.B.  DD / MM / YYYY | £40.25 |
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| DONATION AMOUNT – THANK YOU | £_____ |

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| **PERSONAL CHEQUES / P.O'S TO BE CROSSED AND MADE PAYABLE TO EPSOM A.S.**<br>If you wish to pay by bank transfer please pay Epsom Angling Society - Nat West - Sort Code 60-08-01 - Account number 17186129. Please reference with your full name. | **TOTAL amount paid .   £_____**<br><br>Date Bank Transfer made -   /   / |

JUNIOR MEMBERS MUST BE ACCOMPANIED BY A FULLY PAID UP PARENT OR GUARDIAN MEMBER WHOM IS RESPONSIBLE FOR THEM WHIST ON SOCIETY WATERS.

**As part of your membership you will be expected to attend at least one working party.**

I WISH TO BECOME A MEMBER OF EPSOM ANGLING SOCIETY AND AGREE TO ABIDE BY THE RULES OF THE SOCIETY.

SIGNED_____          DATE_____

| To allow us to plan for the future. Please indicate which of our waters you usually fish or intend to fish this year. | River Wey | | Reffolds Copse | |
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| | River Mole | | | |

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| **Send to: Membership Secretary**<br> **8 Horsley Close**<br> **Epsom**<br> **Surrey**<br> **KT19 8HB**<br> **Tel: 07956533585 (Between 18:00 – 20:00)**<br> **e-mail: membership@epsomas.net**<br> **Please include a large stamped S.A.E. \*\*A5 SIZE\*\* Please include 2 Passport photos…**<br> Please send this form for both cheque and bank transfer payments | FOR OFFICE USE ONLY |

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| Senior Book Number | |
| Intermediate Book Number | |
| O.A.P/Disabled Book Number | |
| Junior Book Number | |
| Issued by: | |