



North Kerry Anglers Association

Application for membership 2016

Please enclose a stamped addressed envelope with your application.
Please attach appropriate fees to this application form

Name Block Capitals	Year of birth	Are you 66 or over <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						
Address 1 Block Capitals	Phone Number Home Mobile	Are you an Irish citizen <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						
Address 2 Block Capitals	Are you under 21 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>	If no please state country of birth <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						
Were you a member of this association previously	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>	If yes state year <div style="border: 1px solid black; width: 100%; height: 40px;"></div>	
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						
Are you now or have you been in the past a member of any Angling Club / Association / Syndicate		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						
If yes , name each club and provide Secretaries phone numbers	Name club's/ass. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Name Sec <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Phone NO. of Sec <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Were you ever convicted of any offence under the Fisheries Act	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>	Year	Nature of offence
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						
If yes, name the year and nature of offence							
If you are accepted as a member of the North Kerry Anglers Association do you pledge to abide by the Rules and bylaws of the Association.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes <i>please tick</i></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>No <i>please tick</i></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes <i>please tick</i>	<input type="checkbox"/>	No <i>please tick</i>	<input type="checkbox"/>
Yes <i>please tick</i>	<input type="checkbox"/>						
No <i>please tick</i>	<input type="checkbox"/>						

Signature _____ Date / / 20

The committee will not consider Applications for membership of the association unless the subscription fee plus the affiliation fee accompany them. All applicants have to be considered at committee level accordance with the rules of the Association and the applicant will be informed of their decision. In the case where the application has been rejected the fees will be refunded in full. If however, an applicant is successful but at a later stage Information tendered is found to be false or misleading, then the committee will have the authority to terminate the membership of the Association of that person. In such case fees tendered will not be refunded.

