



# North Kerry Anglers Association

## Application for membership 2019

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

<b>Name</b> Block Capitals	<b>Year of birth</b>	<b>Are you 66 or over</b> <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"/>						
<b>Address 1</b> Block Capitals	<b>Phone Number</b> Home  Mobile	<b>Are you an Irish citizen</b> <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"/>						
<b>Address 2</b> 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"/>	<b>If no please state country of birth</b> <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"/>						
<b>Were you a member of this association previously</b>	<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"/>						
<b>Are you now or have you been in the past a member of any Angling Club / Association / Syndicate</b>		<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 <b>yes</b> , name each club and provide Secretaries phone numbers	Name club's/ass.  	Name Sec  	Phone NO. of Sec  				
<b>Were you ever convicted of any offence under the Fisheries Act</b>	<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"/>						
<b>If yes, name the year and nature of offence</b>							
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"/>						
<b>Signature</b> _____ Date / / 20 <i>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.</i>							