



Adult Membership Application Form

We are very pleased to welcome you to the *Axwell Park & Derwent Valley Angling Association*

Please fill out this form and return to Kevin Dick. Email kevin.dick@newcastle.ac.uk or post to 19 Brack Terrace, Bill Quay, Gateshead, Tyne & Wear, NE10 0TT

If you are under 16 years of age, please ensure you complete the junior membership form.

Name

Address

Postcode

Home telephone number

Mobile*

Email*

Date of Birth

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of your disability? _____

Please state the type of membership you are applying for:

- | | | |
|--|--------|--------------------------|
| Full Member | £70.00 | <input type="checkbox"/> |
| Retired Member (over 65yrs) | £60.00 | <input type="checkbox"/> |
| Junior Member (12 to 16 yrs) | £20.00 | <input type="checkbox"/> |
| Intermediate Member (16 to 18 yrs) | £40.00 | <input type="checkbox"/> |
| Junior Member (under 12 with parent member) | Free | <input type="checkbox"/> |
| Coarse Member (limited access) | £20.00 | <input type="checkbox"/> |
| Cheque Enclosed | | <input type="checkbox"/> |
| Payment by BACS Acc. No. 00654346 sort code 30-19-54 | | <input type="checkbox"/> |

Experience to date:

Briefly what are you looking for in an angling club: _____

State membership of past and present clubs: _____

State any additional information you may wish to give to support this application:

I agree to abide by the rules of the association

Signature _____ Date _____





Axwell Park and Derwent Valley Angling Association

Junior Membership Application Form

We are very pleased to welcome you to the *Axwell Park & Derwent Valley Angling Association*

Please fill out this form and return to Kevin Dick. Email kevin.dick@newcastle.ac.uk or post to 19 Brack Terrace, Bill Quay, Gateshead, Tyne & Wear, NE10 0TT

If you are under 16, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Name

Address

Postcode

Home telephone number

Mobile*

Email*

Date of Birth

* Neither the mobile number nor the email should be that of the child –
For a child/young person these details should be those of the parent/carer.

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Medical information

Please detail below any important medical information that our club coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details

To be completed by the parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer

Emergency contact number

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer:

Signature of parent/carer:

Date
