

MEMBERSHIP APPLICATION FORM 1

Please accept my application for membership of Cobbinshaw Angling Association (CAA), and place my name before the Committee for consideration.

PLEASE COMPLETE IN BLOCK CAPITALS

FULL NAME	
ADDRESS	
POSTCODE	
TELEPHONE	
EMAIL	
OCCUPATION	
SIGNATURE	
DATE	

PROPOSED BY:

NAME	
SIGNATURE	
DATE	

SECONDED BY:

NAME	
SIGNATURE	
DATE	

NOTE: The Proposer and Seconder must be Members of CAA and consent to the nomination. For the purposes of considering the application, the Board would welcome a letter from the proposer and seconder to supplement the information contained in this form.

Completed application forms should be sent to: A W Anderson, Secretary, CAA, 9 Thomson Grove, Currie, Edinburgh, EH14 5HZ. Tel: 0131-449-2339