

Membership Application Form 2

PLEASE COMPLETE IN BLOCK CAPITALS

1	NAME	
2	ADDRESS	
3	POST CODE	
4	YEARS AT THIS ADDRESS	
5	TELEPHONE CONTACT	
6	EMAIL	
7	DATE OF BIRTH	
8	OCCUPATION	
9	HOW DID YOU HEAR OF COBBINSHAW ANGLING ASSOCIATION?	
10	PLEASE PROVIDE DETAILS OF ANY OTHER ANGLING CLUBS THAT YOU ARE A MEMBER OF	
11	PLEASE PROVIDE A SHORT SUMMARY OF YOUR FISHING EXPERIENCE TO DATE e.g. number of years fly fishing, whether river or still water etc	

SIGNATURE:

DATE:

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