| NICAS Membership Application 2018  Complete application form and enclose 2 passport size photos |
| --- |
| Applicant Information |
| Name: |
| Date of birth: | Home Tel : | Mobile: |
| Current address: |
| City/Town: | County: | Post Code: |
| Employment Information  |
| Job Description: |
| Phone: | Email: |
| Emergency Contact DETAILS (NEXT OF KIN) |
| Name:  |
| Phone: | Address: |
| City/Town: | County: | Post Code: |
| Relationship: | Email: |
| Angling CluB or Society Disclosures |
| **Failure to disclose other angling club(s) or society(s) membership may result in your NICAS membership being revoked or refused.** |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| JUNIOR membership (Two Max Per Adult Application) |
| Name | Date of birth: |
| Name | Date of birth: |
| **MEMBERSHIP TYPE & FEES (Circle Required)** |
| **Adult (Over 18 years)** | £200 | Required: Yes / No  |
| **Junior** **(Under 16)** | £60 | Required: Yes / No |
| **Swanhole Quad**  | £50 | Required: Yes / No |
| **Concession (65 years+ / Disabled)** | £160 | Required: Yes / No |
| **None fishing Junior (under 12)** | £40 | Required: Yes / No |
|  | Signatures |
| I authorise the verification of the information provided on this form. I have retained a copy of this application. |
| Signature of applicant: | Date: |
| Signature of Parent / Guardian (only if for a junior membership): | Date: |

**Return to NICAS Secretary;**

For office use only

Attach one Photo here

**Darren Riley**

**44 Mill Green,**

**Doagh,**

**Ballyclare,**

**BT39 0PH**

**Do not make payment until membership has been authorised in writing by NICAS Committee.**