

WEST BAY SAC MEMBERSHIP APPLICATION

1st JANUARY TO 31st DECEMBER

I WISH TO JOIN/RENEW MY MEMBERSHIP
TO WEST BAY SEA ANGLING CLUB. I
AGREE TO ABIDE BY THE RULES OF THE
CLUB

SENIORS £15, JUNIOR/SENIOR CITIZEN £8

PLEASE ENCLOSE CHEQUE PAYABLE TO:
WEST BAY SAC.

NAME: _____

ADDRESS: _____

POST CODE _____

D.O.B & AGE IF JUNIOR*: _____

SEX: _____

TEL NO: _____

EMAIL: _____

DATE: _____

If you would prefer to receive your Quarterly
Newsletter and correspondence via email
please tick box.

FOR OFFICE USE ONLY

MEMBERSHIP NUMBER: _____

I WISH TO ENTER THE QUARTERLY DRAW, £1 PER
QUARTER. DRAW HELD
MARCH, JUNE, SEPTEMBER, DECEMBER
PLEASE SEND WITH MEMBERSHIP

ENAMEL BADGES OF THE CLUB'S INSIGNIA ARE
AVAILABLE AT £2.50 EACH.
TACKLE BOX AND CAR WINDOW STICKERS OF THE
CLUB'S

INSIGNIA ARE AVAILABLE AT £1 EACH

CALENDERS £4.00 EACH or 3 for £10.

PLEASE RETURN COMPLETED FORM TO:-

WEST BAY SAC
C/O THE ANGLING CENTRE
10A WEST BAY
BRIDPORT,
DORSET.
DT6 4EL

MEMBERSHIP SENIOR/JUNIOR/OAP £

DRAW £

ENAMEL BADGE £

CLUB STICKER (Tackle Box/Car Window) £

CALENDER £

TOTAL £

If an Angling Trust member,
Please tick box. (IMPORTANT FOR
WYVERN FISH OF MONTH)

ANGLING TRUST MEMBERSHIP NUMBER _____

ANGLING TRUST RENEWAL DATE: _____

JUNIOR MEMBERS ONLY: If your son/daughter is not a member
of the Angling Trust and you would like them to join, please tick this
box as we are now able to join them free of charge:

Members have until 14th January each year to renew their membership. If membership is not renewed by this date your membership will lapse. (If your membership lapses any Club Record Fish, Specimens or points earned in Species League will become void).

***The Parent/Guardian of a junior member must fill in and sign the reverse of this form.**

JUNIOR CONSENT FORM

Dear Parent/Guardian

The committee is in receipt of the Angling Development Board’s document relating to Child Protection Policy and Procedures and is in the process of incorporating it into our club rules. The consent form for our junior section has therefore to be more detailed this year. Please read it carefully and TICK the appropriate box for each section according to your decision. Also fill in the information section regarding your child. The form must be signed by yourself NOT your child and dated. We as a club are bound by the new regulations.

**Thank your for your cooperation
Maureen Jackson
Vice President**

I agree that my son/daughter can take part in the organized and supervised matches for junior anglers that take place on Saturdays Noon-3.00pm.

YES	NO
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I understand that if my child is under 7yrs he/she must be accompanied by an adult other than the competition supervisors.

YES	NO
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I give my permission for photographs of my child to be used when appropriate in promotional material for the club.

YES	NO
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I understand that if my child fishes any competition other than the Saturday junior ones there is NO supervision by club members and I am responsible for my child’s welfare.

YES	NO
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I accept that the club does not and will not be in anyway held responsible for accidents and personal injury (whether fatal or otherwise) loss of property, income or consequential loss to members or their guests while engaged in club activities.

YES	NO
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I understand that if I want my child to wear a buoyancy aid/life jacket I will have to supply it myself because it will need to be the right size.

YES	NO
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Is there any medical condition we need to be aware of? This will be on a need to know basis for those supervising the competitions.

Medical Conditions:

EMERGENCY CONTACT NUMBER: _____

Signed: _____ **Date:** _____

Print Name: _____

STATE WHAT RELATION TO CHILD: _____

If medical conditions have been added and you wish confidentiality please place form in a sealed envelope marked for the attention of membership secretary.