



Billingshurst Angling Society
Membership Form

Name:.....

Address:
.....
.....

Post Code:.....

Email Address:

Telephone:

Type of Membership required:

Donation:

Any Skills/Qualification may be useful to the Society:-
(i.e. Chainsaw Certificated, 1st Aider, Angling Coach)

.....

Society Booklet available for a nominal fee.....

Amount Enclosed:

Please complete and return the form with your
Subscription and a self addressed envelope to:

Membership Secretary
P Stockwood
School House
Weald School
Billingshurst
West Sussex
RH14 9RX