

Billingshurst Angling Society Membership Form

Name: _____

Address: _____

Post Code _____

Telephone. _____

Type of Membership required. _____

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