

ADULT MEMBERSHIP APPLICATION FORM 1st April 2017 - 31st March 2018

Please complete this form and return it to the address below, including a cheque or postal order made payable to Cranbrook and District Angling Club.(A direct bank transfer can be made by prior arrangement) A passport size photograph must be provided for the ID card. Please provide a self addressed and stamped A5/C5 (229mm x 162mm) size envelope. It must be A5/C5 in order that your membership pack will fit. Please enter all details in block capitals

Full name			• • • • • • • • • • • • • • • • • • • •			
Date of Birth						
Address						
				Post Code		
Telephone No			Emergency Co	ontact Telephone No		
Email Address						
Please do no	t provide an	email address	if you do not wis	sh to receive club commur	nications by	this method
•	•	-	you from atte	ending a Work party,	please in	clude a copy
of your Blue Ba	adge regist	ration				
						appropriate ount
ADULT incl.	work party	levy*		£85	[£]
SENIOR CIT	IZEN (65+)			£45	[£]
INTERMEDIA	ATE (16 to ²	18)		£20	[£	1
Key for fishi users only re		arwell Reserv v)	oir (Boat	£20	[£	1
		Size	Colour			
CADAC Polo	_			£17.00 (incl. p&p)	[£]
CADAC Hoo				£25.00 (incl. p&p)	[£]
CADAC Bas	-			£12.00 (incl. p&p)	[£]
CADAC Woo	olly Hats			£12.00 (incl. p&p)	[£	1
Colours Gree	en or Black	Sizes M,L,X	L,XXL,XXXL	TOTAL	[£]

*£10 Work party Levy will be credited towards membership subscription upon renewal the following year, if a Work Party is attended or refunded upon request, if member decides not to renew their membership (Levy does not apply to Senior Citizen or disabled persons)

Where did you hear about us? Please tick

Timoro ala jou mour about ao.	note and year near about as. I lease ton					
Web search engine		Angling Magazine		Online Forum		
Recommendation		Returning Member		Other		

Please remember to enclose an A5/C5 stamped self addressed envelope.

Send to: Membership Officer

Cranbrook & District Angling Club

38 Jaggard Way

Staplehurst Tonbridge TN12 0LF

Tel: 07973 383952

Data Protection Act: In providing your name and other personal details you agree to the Club keeping these details on file for the club's use only. The Club may contact you from time to time using these details and also reserves the right to invite you to re-join the club using such data if you leave. In maintaining your records, the Club confirms it will not pass this data to third parties for any reason.



Whilst it is not compulsory that the following section is completed, it does however help the club understand the diversity of our members.

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A White		B Mixed	
British		White & Black Caribbean	
Irish		White & Asian	
		White & Black African	
Any other white background (please	e specify)	Any other mixed background (please specify)	
C. Asian , Asian British or Chines	se	D. Black or Black British	
Indian		Caribbean	
Pakistani		African	
Bangladeshi			
Chinese	$\overline{\Box}$		
Any other Asian background (please	e specify)	Any other Black background (please specify)	
ahility			
		ed person as anyone with 'a physical or mental impairment,	which has
Disability Discrimination Act 1995	n his or her ability	ed person as anyone with 'a physical or mental impairment, of to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your c	
Disability Discrimination Act 1995 tantial long-term adverse effect of	n his or her ability	to carry out normal day-to-day activities'.	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have	n his or her ability a disability?	to carry out normal day-to-day activities'.	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any important	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your carry out normal day-to-day activities'.	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your c	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importary Visual impairment	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your of the state of the state of your of the state o	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your of the control of the co	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your of the control of the co	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your of the control of the co	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability	n his or her ability a disability?	to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your of the control of the co	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability Multiple disability	n his or her ability a disability? nt medical informa	Yes No If yes, what is the nature of your of ation that we should be aware of Hearing impairment Learning disability Other (please specify) No No	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability Multiple disability Prting information Have you been fishing be If yes, where have you fish	n his or her ability a disability? nt medical informa	A to carry out normal day-to-day activities'. Yes No If yes, what is the nature of your of ation that we should be aware of Hearing impairment Learning disability Other (please specify) S No Cate below)	
Disability Discrimination Act 1995 tantial long-term adverse effect or you consider yourself to have Please detail below any importative Visual impairment Physical disability Multiple disability Prting information Have you been fishing be	n his or her ability a disability? Int medical information in the disability in the disability? Performance in the disability in the dis	Yes No If yes, what is the nature of your of ation that we should be aware of Hearing impairment Learning disability Other (please specify) No No	

CADAC is fully committed to the principles of equality of opportunity and is responsible for ensuring that no member, volunteer or coach, receives less favourable treatment on the grounds of age, gender, disability, race, ethnic origin, nationality, colour, parental or marital status, pregnancy, religious belief, social status, sexual orientation or political belief. CADAC will ensure that everyone who wishes has an equal opportunity to participate in all disciplines of the sport of angling at all levels and in all roles, whether as a participant, coach, volunteer or official, in or outside the club.