**APPLICATION FORM – Membership**

 “Polish Anglers NI” – Community Fishing Club

Full Name……………………………………………………….

Full Address ……………………………..

Post code ………………………

D.O.B : ………………

Health problems……………………

Email : …… …………………………………

Phone number ……

Nick on Social media ………………………………………………….

Payment : Adult- Family- Child- Disability-Discount Group ………………………………

 Year: …………………… Price ………………….

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| --- |
| TRANSFER / Sort c: 950679 Account No: 20011215 |
| Cash |
| PayPal : tomasz@polishanglersni.com |

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I declare that I am aware of the decisions made by the constitution, aims and objectives of the association. At the same time, I commit to obey the rules, actively participate in the activities with the association and compliance with the resolutions of the committee board and proudly represent the association.

***.***  ***-I consent to the processing of my personal data (according to the Law on Personal Data Protection dated 29.08.1997 of Laws of 2002 No. 101, item 926 as amended) for the purposes of POLISH ANGLERS NI. and the use of my image for information and publicity.***

Signature………………………………………. Date ……………………….