



Name: **(CAPITALS PLEASE)**.....

Address.....

.....

.....

Post Code..... Date of Birth. \_\_/\_\_/\_\_\_\_

Contact Phone Number.....

E-Mail (please write very clearly).....

Newsletters will be sent by e-mail unless hard copy specifically requested  
(There may be an additional fee for this)

Signed..... Date.....

For office use only
Membership ID...
Issued By...
Date...

**Additional Name for Joint member (please include Date of Birth)  .....
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NEW MEMBERS MUST ATTACH AN UP-TO-DATE PASSPORTPHOTOGRAPH  (Membership cannot be issued without a photo)
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Please check all sections are completed and send your application along with your photo and payment to:

**Secretary:  
Verulam Angling Club,  
PO Box 1330,  
Luton,  
LU1 9LD**

**Telephone queries between 7 pm and 9.30 pm. 01582 612945**

**Email: [secretary@verulam-angling.co.uk](mailto:secretary@verulam-angling.co.uk)**

**NOTE:** Please allow a minimum of seven days to process your application.

**To be completed on behalf of a would-be junior member (under 16 years of age)**

I accept full responsibility for ..... to become a member of the Verulam Angling Club, St Albans, Ltd, and will not make claim against the V.A.C. in the event of accident.

Adult Name: ..... Signature: .....

NOTE: Whilst the details of your name and address are kept on the Verulam Angling Club computer, this is for VAC use only and will not be used or passed on for other purposes. It is assumed that you have no objections to having your name and address held in this way. Similarly, the club assumes that if you have notified us of your email address, and that you do not object to being contacted via this method. Verulam Angling Club reserves the right to refuse or restrict membership at any time.