

www.tvacspsangling.com

Test Valley Angling Club & Southampton Piscatorial Society - APPLICATION FORM

Membership Year - 2024 to 31st March 2025

Membership Secretary - Mr. G Tracey - Telephone 075-5728-2893

You are required to provide a current Passport size photo with this application. **

If you are using this form because you don't have your renewal form but were a member in 2023, please print your ticket number here.

| OFFICE USE | ONLY |
|------------|----------|
| Number | |
| Associate | |
| How Payme | nt made: |
| | |

The club would much prefer you to join online, go to www.tvacspsangling.com/membership/and buy online, this is more secure and you are more likely to have a timely return of your membership ticket.

| Categories of Membership | р | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------|------------|------------|-----------|---------------------|---|-------------------|------------------|---------------------------|----------|----------|-------|-------|--------------|-------|--------|--|--------------------------------------|--|-------|-------|------|-------|------|----------|--|--|
| ADULT - 16* or over on the 1 st April in the current membership year. If you are over 18, this fee can include a partner plus you may take with you free - up to four | | | | | | 0/ | current membershin year | | | | | | | | | | | | | Annual Fee £95.00 ✓ Entrance Fee £10.00 ✓ | | | | | | | | |
| children, up to the age of 16, @ the 1 st April in the current membership year. Annual Fee £130.00 ✓ | | | | | | LES Detai | LESS ABLED - Proof of Disability Living Allowance or "Blue Badge" is required. | | | | | | | | | | | - | Annual Fee£95.00√Entrance Fee£10.00√ | | | | | | | | | |
| Entrance | | | 0.00 ✓ | | | | | | | | | | | | | | | | | | | | | | | | | |
| * All members under | the age | of 18 y | ears sh | all be d | leeme | ed by | the clu | ub to h | nave o | otai | ned | the | e co | nse | nt c | of th | neir | Par | ent o | or Gu | ard | ian | bef | ore f | ishi | ng. | | |
| | | P | aren | t or | Guc | ardi | ian s | sian | atui | re i | is i | re | qu | iire | ed | h | ere | 2 | | | | | | | | | | |
| ONLY COMPLETE THE JU | UNIOR/JU | | | | | | | | | | | | | | | | | | ЛТНІ | N THE | ADU | JLT I | MEN | IBERS | HIP | | | |
| | | | | | | | st April in the current membership year. A current Adult members | | | | | | | | | | | | | | | | | | | | | |
| age on the 1 th Ap membership year. No e | | | | membe | er will | required. | | | | | | | | | | | | | | | | | | | | | | |
| must be accompanied at all times by this Adult member whilst on club waters or property. No entranc | | | | | | | | | | | | | ince | fee | | | | | | | | | | | | | | |
| NON FISHING - Memb | NON FISHING - Membership of the club Annual Fee only | | | | | | | | | | | | £38 | | \checkmark | | | | | | | | | | | | | |
| without actua Annual Fee | · · · | g. 3.00 √ | ן ו | 0 | Curre | ent | Adu | lt M | emb | er | Si | gn | at | ure | 2 - | he | ere | 2024 Adult Membership ticke number here | | | | | | | | | | |
| | | | | I <u></u> | | | | | | | | | | | | | | | | | 1 | Juril | ~11 | ICIC | | | | |
| NIGHT FISHING FACILIT rule. This extra facility is | | | | ase at t | | e you | join. | aters b £25.00 | | n Du: | sk & | a Dav | wn, | unle | ess r | nigh | t fisł | ning | is pr | ohibi | ted | by a | bye | -law | or o | ther | | |
| VOLUNTARY CHARITABLE | DONATI | ON - Fr | orwarde | d onto t | he Pro | state | Cancer | • UK, W | /hy not | che | ck †I | his c | out I | http | s://r | oros | tate | can | cerul | (.org/ | 'risk | -che | cker | | | | | |
| | | | | | | | | | | | | | _ | · | | | | | | 0. | | | | | | | | |
| Prime Member Inforn | nation | Please | Print Cl | learly as | data i | nterp | reted in the we | ncorreo | tly will | affe | ect y | our | Yo | ou m | านร | t su | ppl | y a | curi | ent | Pas | spo | rt s | ize p | bho | to. * | | |
| Mr/Mrs/Miss/Ms/Dr. | _ | | | | | | line we | | AL NUME | | | | | | | | | | | | | | | | | | | |
| Title | First N | ame | | | _ | | | | ast Name | - | <u> </u> | <u> </u> | | | | | | | _ | | | _ | | | _ | _ | | |
| Address City | | | | | | Po | st Code | | | | | | | Oc | cupa | | own | | _ | | | | | | | | | |
| Tel No. 1 | | | | | | - | el No. 2 | | $\left \right $ | | \vdash | - | - | | | | | | | ar Reg1 | | - | | + | + | + | | |
| Age-if under 18 | | | | | | 1 | L | | | - | _ | | _ | | | | | 1 | | - | | _ | | | _ | _ | | |
| @1 st April 2024 See above * | | Your Dat | e of Birth | is require | ed for ti | he Ang | ling Trus | st return | . | d | d | | m | m | | У | У | У | y c | ar Reg2 | 2 | | | | | _ | | |
| Email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must supply | a curre | ent Pa | sspor | t size | phot | o wi | th th | is_ | | | | | | | | | | | | | | | | | | | | |
| application. ** Category | | | | | | | | | | | T | T | | | | | £ | | Enter | | | | | | | | | |
| Failure to do so w | /ill resu | ilt in v | vour m | nembe | rshir | o not | : bein | a ret | urnec | l pr | om | pti | v. | | | | | | | Ent | ran | ce F | ee | £ | | amount | | |
| I agree to abide by th Authority Bye-laws & | he Club R | ules & I | Bye-laws | s, the Co | ountry | Code | & all tł | nose ad | cts of P | arlia | mer | nt, Lo | ocal | | | | | | | Volum | t Fis | hin | g | £ | | • as app | | |
| These can be | | | | | | | | | | | | | | | | | | | | Volun (Pro | | Cance | | £ | | dicable | | |
| Credit /Debit cards will not be | acceptable. | MAKE C | HEQUES/ | Postal or | der PAY | ABLE T | o: <u>TE</u> | ST VA | LLEY | ANC | GLI | NG | CL | UB | | | | | | | | Tot | tal | £ | | | | |
| Do not send Cash throu | igh the p | ostal sy | stem. | | | | | | | | _ | _ | | | | | | | | | | | | | | | | |
| If you are prepared to assist the club either during work parties or Bailiffing, we will automatically add you to a WhatsApp Emergency contact group. Tick if you will attend Working parties Tick if you will attend Working parties Tick if you will attend Working parties | | | | | | | | | | Prime Member Signature De | | | | | | | | | Dat | е | | | | | | | | |
| Upon membership renewal | we will us | se a scar | nned ima | age of yo | ur pho | to to p | roduce | your r | eceipt. I | f you | ı do | not | war | nt us | to r | etaiı | n this | s ima | age, t | ick th | is bo | ox. | | | | | | |
| You may be required to sup | ply one ea | ach year | . ** Shoi | uld you l | eave th | ne club | o we wi | ll delete | e your c | etail | s in | line | witł | n the | GD | PR r | egula | atior | ns. | | | | | | | | | |
| You will be sent an a | annual fly | ver with | n your ne | ew men | nbersh | nip rec | eipt sh | nowing | ; any in | npor | tan | t cha | ang | es. | | | | | | | | | | | | | | |