



**Membership Form**

email to  
acead2021@outlook.com

Name

Date of Birth

Address

Email

Post Code

Telephone Number Home

Mobile

Membership Type *please tick box.*

Able Bodied

Disabled

Junior

Associate

Telephone Number in case of Emergency

**Please register me with A.C.E.A.D. I understand that my personal details will be Electronically stored and I will receive information from the club.**

**A.C.E.A.D. Does not disclose any personal information to any other organisation.**

**{ } Put a tick in the box if you don't wish your details to be stored**

**I agree to abide by the club rules. Signature .....**

**Date.....**

**Please note the Membership Fee is £15 annually  
Cheque made payable to Essex Disabled Angling Club**

**Direct Debit Sort Code 20:22:67 A/C 90490814**

**New member £ 5.00 signing on fee**

**Please note all members must have a current rod license.**