



Balbriggan Sea Angling Club

Membership Form 2017

Block Capitals please

Surname..... First Name.....

Address.....

Telephone: Home..... Mobile..... Email.....

Membership Fee € **55.00**

Enclosed €_____

This includes membership of Countryside Alliance Ireland (which includes insurance cover)

Please make cheques payable to Balbriggan Sea Angling Club

Boat Owner: Yes _____ No _____

Name of Boat & Type: _____

I acknowledge that responsibility for safety of a member and his/her equipment rests exclusively with such members and in the case of a junior/student with his/her parent/guardian. **As a boat owner I confirm that I have adequate Boat Insurance Cover.** Balbriggan Sea Angling Club will not be liable in the event of an accident or mishap.

Signed _____

Return completed form to: Secretary Aaron Power, Rogerstown Harbour, Rush, Co Dublin email: aaronpower1976@hotmail.com

Proposed by _____

Date _____

Seconded by _____

Date _____