



**APPLICATION FOR MEMBERSHIP  
General Information**

NAME: .....  
 ADDRESS: .....  
 POST CODE: ..... Date of Birth: .....  
 TELEPHONE No: ..... Emergency Contact No: .....  
 EMAIL: .....  
 BLUE BADGE OR REGISTERED DISABILITY NUMBER: .....

**Membership Fees**

Annual Adult Full Disabled Member:	Annual Subscription: £35.00
Annual Junior Member: (under 13 family only)	Annual Subscription: £0.00
Annual Junior Member: (13 to 17 fishing Family only)	Annual Subscription: £15.00
Annual Associate Member:	Annual Subscription: £10.00
Annual Associate Member (Fishing)	Annual Subscription: £40.00

**All Members pay First Year Admin fee (Nonreturnable): £10.00**

Subscription Due: 1st April

Half Price after 30th September

Cheque or Cash Made Payable to: HORIZON ANGLING CLUB. Along with One Digital Passport Sized Head & Shoulder Photos Should Be Included With Your Application. (Or pop into club for Committee to take one)

I agree to abide by the HORIZON ANGLING CLUB FOR THE DISABLED rules and constitution. I understand that the Club angling is only permitted on waters with the appropriate memberships including exchange books and day tickets.

I hold a current Environmental Agency Rod License. Sign: .....

**All Full disabled members must produce some written proof of their disability.**

If accepted to become a member of Horizon Angling Club for the Disabled, I agree to be bound by the rules, regulations and bye laws of the club. By Signing this form gives the Club the right to use photos taken at venues, to be displayed on our website/Facebook page or documents unless agreed otherwise by writing to the committee (**extra signed permission required for youths from parent/guardian**)

I enclose Membership Fee and Joining Fee of: £ .....

Signed: .....

Dated: .....

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**FOR CLUB USE ONLY**

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MEMBERSHIP No: ..... TYPE: .....

**Email or Print and bring the form to the club.**

The club meets every Thursday between 16:30pm and 19:30pm at The Club House, UNIT 11/12, Bastion 3, Scott Road, Hilsea, Portsmouth, PO3 5JH (no correspondence at this address)



Opting in to communications with the Horizon Angling Club for the Disabled

We are now asking you to select the methods by which the Organisation can communicate with you from the options outlined below. **You can select more than one option.** You can change these options in the future by contacting the Organisation.

I do wish to receive regular information, updates and news from the Horizon Angling Club for the Disabled Tick Box

Select the methods outlined by ticking the relevant box(es). **You can select more than one option.**

E-mail  Tick Box      Written  Tick box      Text  Tick Box

Website  Tick Box

Wetwheels approval to take pictures on boat and use on social media  Tick Box

The Group is required by its Constitution to inform you of the date, time and venue of the Annual General meeting and any Extra-ordinary General Meetings. As a minimum, these notices will be posted on the notice board at the Club and announced on its Main website. <https://horizondac.co.uk>

I am willing to have my name published in the HorizonDAC Journal which is made available to members and archived via the members' area of the Organisations website. Tick Box

Opting out of communication

I no longer wish to be contacted by the Organisations but wish to remain a member.

Please tick

I no longer want to remain a member of the Horizon Angling Club for the Disabled

Please tick

Please confirm or amend the above data as necessary and select your options and return this letter in the enclosed envelope to the Membership Secretary 47 Sharps Rd PO9 5QJ or in person at the Clubhouse. Failure to return this sheet will result in the Organisation ceasing to communicate with you.

**Associate Members** must agree to attend at least three Work parties in one year. Tick to acknowledge

**Associate Members** Must Agree as a club requirement to assist a Full member if needed. Tick to acknowledge

**Member to sign below to confirm statement.**

Signed by: ..... Date: .....