

DEVIZES ANGLING ASSOCIATION

APPLICATION FOR NIGHT PERMIT

For Season(*insert season date*).....

PERMIT FEE £10.00 (TO INCLUDE ADULTS & JUNIORS)

APPLICANTS NAME _____

ADDRESS _____

POST CODE _____ TEL NO _____

DEVIZES A A MEMBERSHIP NO _____

APPLICANTS MUST SUPPLY 2 PASSPORT SIZE PHOTOS.
APPLICANTS RENEWING THIS PERMIT MUST RETURN LAST
SEASONS PERMIT, OR SUPPLY 1 MORE PHOTO

ON COMPLETION SEND THIS APPLICATION
FORM DIRECT TO THE TREASURER

PLEASE MAKE CHEQUES PAYABLE TO DEVIZES ANGLING
ASSOCIATION PLEASE ENCLOSE S.A.E. FOR RETURN OF PERMIT

ALL ENQUIRIES TEL 07485 68490 OR E MAIL parsely01@gmail.com

OR VISIT OUR WEB SITE @ devizesaa.org.uk