

Chairman:
Mr Mick Jones
Chairman RIAC
+353 (87) 234 0013

River Ilen Anglers' Club

Secretary:
Mr Timothy Crowley
8 Glenbarry
Rathcormac
Co.Cork.

086-3916308

APPLICATION FORM:

Name:

-
-

Address: (Full-time.)

Telephone Numbers:

Home-
Work-
Mobile-
E-mail-

Juvenile Membership: (Under 18.)

(Any applicant under the age of 18 years of age will need the permission of a parent(s) or guardian(s) before being accepted as a member of the River Ilen Anglers' Club.)

I/We(Print) _____ give permission to _____
to become a member of the River Ilen Anglers' Club.

Signature of parent(s) or guardian(s) _____

Other Membership:

(Are you a full or associate member of any other salmon & or sea trout club? If so, give details.)

A Visitor to the River Ilen:

(Have you ever taken out day/weekly tickets etc. for the River Ilen? If so, give details.)

Previous Membership of the River Ilen Anglers' Club:

(Have you ever been a member of the River Ilen Anglers' Club? If so, give details.)