

**Chairman:**  
**Mr Michael O'Sonovan**  
**Cork**  
**085-780 2718**

# 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.)