

**PAA LICENCE MEMBERSHIP AND LICENCE APPLICATION FORM**

Name:

Address:

Postcode:

Telephone:

PLEASE ATTACH  
PHOTO HERE

Date CRB check was completed

Expiry Date of 1<sup>st</sup> Aid

Date Child Protection awareness was completed

Current insurance company and expiry date

Will you be taking up the new insurance offer?

YES / NO

Angling Discipline(s)

Course    Sea    Game

Coaching Qualification. Ie L2CCA PAA

Any C.P.D.

How many coaching hours have you completed in 2007?

Whom would you like to have notified about your licence? (*Anyone you feel can help you in your work.*)

Please list

Environment Agency Area(s)

County Council(s)