



## BTA ASSOCIATE MEMBERSHIP APPLICATION FORM

Membership Type: ASSOCIATE

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Type of Business : \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

The rate for 2025/26 Associate Membership is £200 + VAT= £240

Once your application has been processed, we will issue you with an invoice which should be paid within 30 days.

**Please return this form to [btaoffice@britishtrout.co.uk](mailto:btaoffice@britishtrout.co.uk)**