



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 2026/27 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