APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION……
NAME/S……..

ADDRESS……..…
……..……
…….
POST CODE……
Tel. No…….
*E-MAIL ADDRESS……...

Name of Keeshond

ANNUAL SUBSCRIPTIONS (1st January - 31st December)

SINGLE	£	9.00	£…….
JOINT	£	13.00	£…….
Young Member (aged 16 - 21 years living at the family address)	£	5.00	£…….
Child (under 16 with no voting right)	£	1.00	£…….
	TOTAL		£…….

Please pay by electronic payment giving your name as reference – eg Smith/Subs to:
North of England Keeshond Club : HSBC : sort code 40-37-37 : a/c no. 61367633

I / WE AGREE TO ABIDE BY THE RULES OF THE NORTH OF ENGLAND KEESHOND CLUB

***All of your Club correspondence will be sent electronically apart from the magazine.**

(MEMBERSHIP WILL BE CONFIRMED IN WRITING SUBJECT TO ACCEPTANCE BY THE COMMITTEE)

SIGNATURE OF APPLICANT/S ……
……
……

APPLICANTS MUST BE PROPOSED AND SECONDED BY A CURRENT MEMBER OF THE CLUB

PROPOSED BY……. SIGNATURE .....……

SECONDED BY…… SIGNATURE.....……

COMPLETED APPLICATION FORM TO BE SENT OR EMAILED TO:

THE HON. TREASURER: ANJI MARFLEET
12 ASPEN COURT, EMLEY, NR HUDDERSFIELD, W. YORKS. HD8 9RW Tel : 07519 281331
email:treasurer@north-of-england-keeshond-club.co.uk

www.north-of-england-keeshond-club.co.uk
www.keeshondhealthmatters.co.uk