

THE BEARDED COLLIE CLUB OF GAUTENG
P O Box 11092, Rynfield, 1514
MEMBERSHIP APPLICATION FORM

SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>	TELEPHONE NO	<input type="text"/>
E-MAIL	<input type="text"/>	TELEPHONE NO	<input type="text"/>
		ADDRESS CODE	<input type="text"/>
KENNEL NAME	<input type="text"/>		

REGISTERED NAME OF DOG(S) OWNED	PET (CALL) NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am interested in participating in (please tick)

BREED SHOWING	<input type="checkbox"/>	DOG JUMPING	<input type="checkbox"/>
OBEDIENCE	<input type="checkbox"/>	FLYBALL	<input type="checkbox"/>
AGILITY	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
CHARITY WORK (COLLECTIONS)	<input type="checkbox"/>		

I would like to receive the following from the Club (Please let us know how we can help you)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

TYPE OF MEMBERSHIP

Individual (R50.00 per annum)	<input type="checkbox"/>	Family (R100.00 per annum)	<input type="checkbox"/>
Life (R300.00)	<input type="checkbox"/>	PLEASE NOTE : CHEQUES MADE PAYABLE TO BEARDED COLLIE CLUB OF GAUTENG	
PAYMENT RECEIVED	<input type="text"/>	RECEIPT NUMBER	<input type="text"/>
DATE MEMBERSHIP COMMENCED	<input type="text"/>	FOR THE YEAR	<input type="text"/>
RENEWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE (Applicant)	<input type="text"/>	SIGNATURE (Club Official)	<input type="text"/>

