## MEMBERSHIP APPLICATION FORM



**Send to Hon Treasurer**

**Nigel Wroe**

20 Browning Road, Church Crookham, Hants. GU52OYJ

Tel: 07899 075524

**Please complete in BLOCK CAPITALS:**

PRIMARY MEMBER: SURNAME: FIRST NAME (S):

JOINT MEMBER: SURNAME: FIRST NAME (S):

ADDRESS:

 POST CODE:

TEL. NO: AFFIX (if owned):

EMAIL:

REGISTERED NAME OF DOG:

BREED: SEX (D/B): DATE OF BIRTH:

NAME OF SIRE:

NAME OF DAM:

NAME OF BREEDER:

BREEDERS ADDRESS:

*Please continue on separate sheet/s as necessary.*

Please TICK main interest: FIELD TRIALS GUNDOG WORK SHOWING COMPANION OTHER

The **ANNUAL SUBSCRIPTION** is - **£12** for aJOINT MEMBERSHIP\* & **£9** for a SINGLE MEMBERSHIP**.**

**\***JOINT MEMBERSHP – Any two members of the same household **OR** joint owners of a dog.

**MEMBERSHIP RENEWAL DATE: 1ST March.**

**Applications received on or after 1ST November will entitle you to membership not only until the**

**1ST March but also for the following year.**

**Data Protection related preferences** (section 6.2 of Data Privacy Policy), please tick if you wish to:

*Receive non-WA related Bulletins (via WA email), typically of events (show/field etc). of other KC/HPR Clubs:*

I/we wish to apply for membership of/to rejoin the Weimaraner Association (WA) and, if elected, I/we agree to abide by the Rules, Code of Ethical Practice and accept the Data Protection related policies of the Association as published on the WA website.

SIGNATURE (S) DATE

 **In the case of Joint application BOTH APPLICANTS must sign the form.**

I/We enclose a Cheque/postal order/Cash for **£12** (**JOINT** MEMBERSHIP) **/ £9** (**SINGLE** MEMBERSHIP) [DELETE AS APPLICABLE]

**If you wish to pay by standing order in future, a form will be enclosed with your welcome pack**

SPONSOR’S SIGNATURE NAME (BLOCK CAPITALS)

SECONDER’S SIGNATURE NAME (BLOCK CAPITALS)

**www.weimaraner-association.org.uk**

15.11.2018

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| NAME (Continued…….) |  |

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| --- | --- |
| REGISTERED NAME OF DOG: |  |
| BREED: |  |
| SEX (DOG OR BITCH): |  |
| DOGS DATE OF BIRTH: |  |
| NAME OF SIRE: |  |
| NAME OF DAM: |  |
| NAME OF BREEDER: |  |
| BREEDER’S ADDRESS: |  |
|  |  | **Post Code:** |

|  |  |
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