

APPLICATION FOR MEMBERSHIP

I/We hereby make application to join the Canterbury Ladies Kennel Association.

Name/s :

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Address:

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Telephone: Fax:

Email:

Breed/s:

NZKC Membership Number/s (if applicable):

I/We declare that within the Rules and Regulations of the New Zealand Kennel Club
I am/We are eligible to be a member of the Canterbury Ladies Kennel Association.
And that I/we will abide by the Rules of the Canterbury Ladies Kennel Association.

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(All prospective members must sign form)

\$10 Single Adult Membership

\$5 Single Junior Membership (up to 17 years)

\$15 Family Membership (two or more persons from same household)

\$5 Joining Fee (only one joining fee per household)

Please send this form to the Secretary/Treasurer at P O Box 1372, Christchurch 8015
with appropriate membership fee.