**THE DOWNLANDS STAFFORDSHIRE BULL TERRIER CLUB**

If you would like to pay your membership fees every year by Standing Order, please complete this form, and **LEAVE IT ATTACHED TO YOUR APPLICATION FORM – PLEASE DO NOT SEND IT TO YOUR BANK**.

# Application for Membership/Renewal of Membership

Please complete and send to : The Membership Secretary Mrs V A Kemp 10 Smithy Close

 Holybourne ALTON

 Hants, GU34 4EE 01420 549074



 TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BANK

 ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/ We, the undersigned, wish to put forward my / our name(s) as a prospective member(s) of **THE DOWNLANDS STAFFORDSHIRE BULL TERRIER CLUB**, and hereby promise to abide by the rules of the club.

**Please complete in** **block letters**

Full name(s) (Mr/Mrs/Miss):...............................................................................................................................

(Mr/Mrs/Miss):............................………………..................................................................................................

Address:.............................................................................................................................................................

.............................................................................................................................Post Code………...................

Telephone Number.......................................... Email address………………...……...........................................

Signed: (1)................…………….................... (2)….........................................................Date:......./......../.......

**Proposing members (new applicants only) - note: MUST both be fully paid-up members of the club.**

Name............................………................................. Name...………............................................................

Address...................................………...................... Address.........………...................................................

.........................................................………............. ................................……….........................................

Signature..................................................………..... Signature..........................………................................

**Please make cheques/Postal orders payable to: "THE DOWNLANDS STAFFORDSHIRE BULL TERRIER CLUB**."

**Membership Fees: Single or Joint - £6.00** **I / we enclose cheque/P.O. for £............................**

*Please indicate whether this is a new application or a renewal - NEW / RENEWAL (delete as applicable)*

*Please note: All new applications for membership will be presented to the committee for approval at the next committee meeting.* *Please ensure that this form has been signed by all relevant parties wherever necessary.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only: Approval Date: ....../......./...... Receipt No:......... DSBTAPPL.DOC Revised: Jan 2019

**THE DOWNLANDS STAFFORDSHIRE BULL TERRIER CLUB**



<!-- -- END OF WORD PRO FRAME -- -->

Please pay

|  |  |  |
| --- | --- | --- |
|  Bank |  Branch Title |  Sorting Code Number |
|  SANTANDER | BOOTLE |  **09 – 01 – 55** |

For the Credit Of

|  |  |  |
| --- | --- | --- |
|  Beneficiary Name | Account Number | Quoting Reference |
|  **DOWNLANDS STAFFORDSHIRE BULL TERRIER CLUB** | 4 | **8** | **9** | **9** | **4** | **8** | **0** | **3** |  |

 (leave blank) **The sum of**

|  |  |
| --- | --- |
|  Amount in figures |  Amount in words |
|   |  |

Commencing and thereafter every

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of first payment** | **Amount of first payment** |  | **Due date and frequency** |
|  |  |  | **Ist January ANNUALLY** |

**Until further notice in writing, and debit my/our account accordingly.**

|  |
| --- |
| Name of Account to be debited Account number |
|  |  |  |  |  |  |  |  |  |

**Please complete in** **block letters**

Full name(s) (Mr/Mrs/Miss):……………………………………………………………………..……………….

(Mr/Mrs/Miss):...................................................................................................................……….............

Address:....................................................................................................................................................

...................................................................................................................................................................

Post Code.......................................... Telephone Number.........................................................………....

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For joint accounts where both signatures are required

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_