The Southern Italian Spinone Society

Acting Chairman: Sonia Grief Secretary: Sally Sutton Treasurer: Sandra Shelley

Email: www.southern-spinone.co.uk
Website www.southern-spinone.co.uk
Facebook Page www.facebook.com/SouthernItalianSpinoneSociety

Membership Application Form

I/We apply for Membership of the Southern Italian Spinone Society and I/we agree to abide by the Rules and Regulations once my/our application has been approved and understand that membership may be terminated if I/we fail to do so. I/we agree that my/our membership details shall be entered on the Society's Membership Database, which may be forwarded to the Kennel Club as part of the Annual Returns. (If and/or when the Society apply for and gain K.C. approval)

NAME:……

NAME:……

ADDRESS:……..

……..

Post Code: …….. **Tel. No: ……**

E-Mail address: …… **Fax No: ……**

Signatures of proposer: …… Date ……..

Please print proposer's name : ……..

N.B. Proposer must be a fully paid up member of the Society.

Membership fees as at 1st January, 2018
…….. Single Adult Membership @ £7.50
…….. Joint Adult Membership @ £12.00
2 Adults living at the same address.
…… Junior (16 yrs & under) @…£1.00
Membership Fees renewable yearly on 1st January.
Please make cheques/postal orders payable in sterling to:
The Southern Italian Spinone Society

SIGNED …… SIGNED……..
(Please include both signatures if joint application)

Date …….
Please return this form with payment and all correspondence regarding membership to :-
The Membership Secretary, Mr M D Wellman
12 Elizabeth Crescent, East Grinstead
West Sussex, RH19 3JA
Tel No: 01342 302310 E-Mail:- jaspinone@gmail.com

For SISS Use:
Membership Approved __/__/__ Payment received: cheque/cash/PO £_____
Membership card issued __/__/__ Pack sent Y/N Entered on database __/__/__