

THE LONDON & HOME COUNTIES TERRIER CLUB



Application for Membership/Renewal of Membership

Please complete and send to : The Membership Secretary

Mrs Alice Levy
6, The Byeway
Rickmansworth
Herts.
WD3 1JW
01923 774608

I/ We, the undersigned, wish to put forward my / our name(s) as a prospective member(s) of **THE LONDON & HOME COUNTIES TERRIER CLUB**, and hereby promise to abide by the rules of the club. & the Kennel Club code of good practice.

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:...../...../.....

A Proposer & Seconder is not required, **Breed/s:**.....

Please make cheques/Postal orders payable to: "THE LONDON & HOME COUNTIES TERRIER CLUB."

Membership Fees: Single - £2.50 Joint - £4.50 I / we enclose cheque/P.O. for £.....

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

Declaration by applicant/s:- I agree to abide by "The Kennel Club Code of Ethics"

(Signed)1).....(2).....

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.

THE LONDON & HOME COUNTIES 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.**

TO _____ BANK

ADDRESS _____

_____ Postcode _____

Please pay

Bank	Sorting Code Number
HSBC	40 33 14

For the Credit Of

Beneficiary Name	Account Number	Quoting Reference
LONDON & HOME COUNTIES TERRIER CLUB	0 1 2 6 0 0 0 6	(leave blank)

The sum of

Amount in figures	Amount in words

Commencing

Date of first payment	Amount of first payment

and thereafter every

Due date and frequency
1st 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 _____