



**THE SAMOYED ASSOCIATION MEMBERSHIP APPLICATION
FORM**
Membership Secretary : Mrs A Blore, 14 Long Furlong Drive, Slough,
Berks, SL2 1QZ

Dear Madam

I / We hereby apply for * single / joint membership of the Samoyed Association and enclose cheque/P O value
£ as my / our first subscription.

If accepted I/We agree to abide by the conditions and rules of the Samoyed Association and have no objection to our membership record being held on computer.

I / We wish to renew our membership of the Samoyed Association and enclose cheque / P.O. value £
.
as my / our subscription.

(please indicate clearly which you require)

Name
Address
(Block
capitals
please)
Signature(s)
.
Date

ANNUAL SUBSCRIPTION With effect from 1st January 200....) renewal 1st January each year.
FULL MEMBERS £7.00 per annum (minimum)
JOINT MEMBERS £8.00 per annum (minimum)
OVERSEAS MEMBERS £9.00 per annum (minimum)

(If this is an Internet application, please enter **INTERNET** in the fields below)

PROPOSED BY:

SECONDED BY:

Name _____

Name

Address _____

Address

FOR SECRETARY'S USE ONLY: Meeting Date

List _____

Treasurer _____

Newsletter