***THE SLOUGHI CLUB***

***MEMBERSHIP APPLICATION FORM***

***Name ……………………………………………………………………………………….***

***Address …………………………………………………………………………………….***

***………………………………………………………………………………………………....***

***…………………………………………………………………………………………………***

***Postcode ………………….***

***Tel. No. ………………………………………………………………………………………***

***E-mail………………………………………………………………………………………….***

***Proposer ……………………………………………………………………………………..***

***Seconder …………………………………………………………………………………….***

***Membership Fee Single £7.00 Joint £10.00 Family £12.00***

***Membership year runs from 1st January – 1st January following year***

***By submitting this completed application form, the applicant agrees to abide by the Club Rules and code of Ethics with immediate effect. This includes the time following the receipt of the application and prior to it being presented to Committee for approval.***

***Applicant Signature ………………………………………………………………………***

***Date of Application ……………………………………………………………………….***

***Completed Membership applications, with the appropriate fee, should be sent to the Secretary:-***

***(Cheques payable To: - The Sloughi Club)***

***Mrs K Clark, 11 Harrowbeck Edge, Lazonby, Penrith, Cumbria, CA10 1BS***

***Tel. 01768 898024 Email kath.clark@outlook.com***