

## EASTERN COUNTIES CAVALIER KING CHARLES SPANIEL SOCIETY

	APPLICA	TION FOR AS	SUCIATE MEMBERSHIP
NAME:			
ADDRESS:			
POST CODE			PREFIX:
EMAIL:			
	and confirm we have		membership and agree to be bound by the aims and rule thics and agree to abide by them (see reverse).
YES	O I/we consent	to the Society comm	nunicating with me/us by email
YES		<b>5 I</b>	shing my/our names and affix in the Membership list tion Regulation Policy).
I/we enclose sub	escription as follows:	£8.00 Joint Subscript £6.00 Single Subscrip £2.00 Junior Subscrip (if junior please state	ption ption (under 18)
Why do you wis	h to become a membe	er of this Club?	
			es, please give their name:
			ch year. Those joining after the 1st October, are entitle whole of the following year. Associate membership can be
APPLICANTS	SIGNATURE:		
Please return to	M S' 2 L	ecretary  Is. M. Hogan,  TAVONGA DELL,  1 Pasture Road,  ETCHWORTH,  Ierts. SG6 3LP	`(01462 670774)

FOR E.C.C.K.C.S.S. USE ONLY:	
Date received by Secretary:	