

APPLICATION FOR MEMBERSHIP



FULL NAME:
(Prof./Dr./Mr./Mrs./Miss/Ms.)

RESIDENTIAL ADDRESS:

..... Code:

POSTAL ADDRESS:

..... Code:

CONTACT NUMBERS: (Home): (Business):

(Cell): (E-mail)

I, the undersigned, agree to abide by the rules of the Club

SIGNATURE: DATE:

MEMBERSHIP FEES:

- # FULL MEMBERSHIPR60, 00 per annum.
- # FAMILY MEMBERSHIPR80, 00 per annum (includes children under 16).
- # If joining after 30th June of any year, half-year's fees will be accepted if the following year's full fees are paid at the same time.

Payment for Membership (Cheque or Direct Internet Deposit) is attached hereto: R.....

NB!!! (PLEASE NO DIRECT CASH DEPOSITS DUE TO HEAVY BANK CHARGES)

Payments can be made directly into Western Province Cat Club's Bank Account provided proof of payment accompanies the completed application form.

Bank details are: FNB Maitland, Branch No: 20-02-09, A/C No: 62000775174

Please return completed form to:

THE HONORARY TREASURER
WESTERN PROVINCE CAT CLUB
P O BOX 53580
KENILWORTH 7745

PLEASE COMPLETE BELOW:

NEWSLETTERS TO BE SENT PER E-MAIL :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SHOW PAPERS REQUIRED :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SHOW PAPERS ACCEPTABLE PER E-MAIL :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>