

# RENEWAL OF 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 MEMBERSHIP .....R60, 00 per annum.
- # FAMILY MEMBERSHIP .....R80, 00 per annum (includes children under 16).

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"/> |