

Canine Solutions
MEMBERSHIP APPLICATION FORM



Membership Type	<i>Single / Joint / Family</i>
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Member Details

Title	Firstname	Lastname
e-mail		
Phone (home)		
Phone (mobile)		

Second Member (if joint membership)

Title	Firstname	Lastname
e-mail		
Phone (mobile)		

Family Member (if family membership)

Title	Firstname	Lastname
e-mail		
Phone (mobile)		

Family Member (if family membership)

Title	Firstname	Lastname
e-mail		
Phone (mobile)		

Family Member (if family membership)

Title	Firstname	Lastname
e-mail		
Phone (mobile)		

Address	
Postcode	

How did you hear about us?	
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Training objectives <i>(please tick all that apply)</i>	<input type="checkbox"/> beating <input type="checkbox"/> picking up on a shoot <input type="checkbox"/> retrieving with dummies <input type="checkbox"/> peg dog <input type="checkbox"/> pet dog
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Dog's Name	
Breed	
Age (or DOB)	
Vets Name	

Dog's Name	
Breed	
Age (or DOB)	
Vets Name	

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Breed	
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Vets Name	

Dog's Name	
Breed	
Age (or DOB)	
Vets Name	

<input type="checkbox"/>	I agree to the Club Rules as published on the web site (www.canine-solutions.com) from time to time and request membership of Canine Solutions
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Please tick above box to indicate you have read the Membership Terms

Name	
Signed	
Date	

Please send your completed Application Form along with a cheque for the appropriate Membership Fee (made payable to Canine Solutions) to :-

Canine Solutions
Unit 1B
Frilsham Home Farm
Frilsham
Yattendon
Berkshire
RG18 0XT

Membership confirmation will be sent by e-mail. If you require this via post please enclose a SAE.