



THE SWEDISH VALLHUND SOCIETY (Founded 1980)
PRESIDENT: MRS R. PEACOCK-JACKSON
CHAIRMAN: MRS J DAY, SECRETARY: Mrs S. Sibley
TREASURER : MRS S. DRINKWATER

MEMBERSHIP APPLICATION FORM PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM MEMBERSHIP RUNS FROM 1ST JANUARY – 31ST DECEMBER EACH YEAR. (HALF YEAR FROM 1ST JULY – 31ST DECEMBER)

NAME/S IN FULL: _____

ADDRESS: _____

POSTCODE: _____ TEL / MOBILE NO: _____

EMAIL: _____

GIVE D.O.B OF JUNIOR MEMBERS: _____ IF OWNED NUMBER OF VALLHUNDS: _____

Signed

Dated.....

Please tick to confirm you understand and acknowledge that this information will be held in strict confidence by The Swedish Vallhund Society and will not be shared with any other party.

I/we declare that I/we apply for Membership of The Swedish Vallhund Society and that I/we agree to abide by the constitution, rules and code of ethics of the Society at all times.

NAME IN FULL: _____ SIGNED: _____

NAME IN FULL: _____ SIGNED: _____

PROPOSED BY: _____ SIGNED: _____

SECONDED BY: _____ SIGNED: _____

PROPOSER AND SECONDER MUST BE FULLY PAID UP MEMBERS OF THE SWEDISH VALLHUND SOCIETY If you are new to the society and have yet to meet us, then leave these two lines blank.

Please send completed application form either by email to svs-acting-secretary@hotmail.com or by post to the SECRETARY: Mrs S. Sibley, 14 Bingham Close, Hemel Hempstead, Herts, HP1 3TU

For office use only: DATE RECEIVED: _____ DATE ACK SENT: _____

DATE PASSED: _____ DATE INVOICE AND MIP SENT: _____

No payment for membership should be made, or offered until membership has been accepted/passed by Committee. Any attempt to pay before acceptance must be refused. If any PayPal or bank deposits for membership are made prior to approval, we reserve the right to refund the amount and then request the fee after approval is granted. Any deposits made to any of the club's accounts without definition will be deemed to be a gift/donation and not form any contract between the club and the donor.