

# UK MEMBERSHIP APPLICATION FORM THE GORDON SETTER ASSOCIATION

**President**  
Mrs L Bain  
**Vice President**  
Mrs E Ashton  
**Treasurer**  
Ms M. Rance



**Membership Secretary**  
Ms M Rance  
North Lodge  
Witherslack  
LA11 6SD

Tel 01539 552084

Email  
[melissarance@mac.com](mailto:melissarance@mac.com)

	Title	Full Name	
<b>I/We &amp;</b>			Affix
<b>Of</b>			
	Town		
	County		
	Post Code	Phone Code	Phone No.
Email address			

Hereby apply for election to membership of the Gordon Setter Association, and agree to be bound by the constitution of the said association as in force at the time of this application and as amended at an annual or extraordinary general meeting of the said association.

I / We also agree to these details being kept on a computer database for use within the association.

**Please indicate if you wish to be a voting or non-voting member. Non-voting members will receive all yearly publications including the GSA Yearbook and Newsletter plus other promotional material. Voting members will receive Yearbook, and Newsletter plus AGM paperwork, judges voting papers and associated constitutional material.**

Please tick the appropriate box below:

<input type="checkbox"/> <b>I/we wish to be considered non-voting member(s)</b>	<input type="checkbox"/> <b>I/we wish to be considered as voting member(s)</b>
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We are continually looking for opportunities to reduce waste. Please indicate if you would prefer to receive applicable documents via email.

<input type="checkbox"/> <b>I/we wish to receive appropriate information via email</b>	<input type="checkbox"/> <b>I/we wish to receive all information via surface mail</b>
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Tick	Membership Type	Annual Fee - £ Sterling	£	
<input type="checkbox"/>	SINGLE	£15.00		Signed _____
<input type="checkbox"/>	JOINT	£20.00		
<input type="checkbox"/>	JUNIOR	£4.00		
	Cheque/Cash Encl.			Date _____

Proposer Name \_\_\_\_\_ Signed \_\_\_\_\_

Seconder Name \_\_\_\_\_ Signed \_\_\_\_\_

Approved by Committee  Ref. No

Please Pay	<input type="text" value="Bank of Scotland, 5 The Square, Ellon, AB41 9JB"/>	Sort Code Number <input type="text" value="80-06-71"/>
For the credit of	<input type="text" value="The Gordon Setter Association"/>	Account Number <input type="text" value="00370686"/>
The Sum of	<input type="text"/>	Amount in Words <input type="text"/>
Commencing	<input type="text" value="4&lt;sup&gt;th&lt;/sup&gt; January"/> And 4 <sup>th</sup> January annually thereafter.	GSA Ref. <input type="text"/>
Your Bank Name	<input type="text" value="The Manager"/>	Sort Code <input type="text"/>
Address	<input type="text"/>	Account No <input type="text"/>
	Signed _____	Date _____

Please return this complete form to the Membership secretary at the above address