

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

	Title	Full Name	
I/We &			Affix
Of			
	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:

I/we wish to be considered non-voting member(s)	<input type="checkbox"/>	I/we wish to be considered as voting member(s)	<input type="checkbox"/>
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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.

I/we wish to receive appropriate information via email	<input type="checkbox"/>	I/we wish to receive all information via surface mail	<input type="checkbox"/>
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Tick	Membership Type	Annual Fee - £ Sterling	£	Signed
	SINGLE	£20.00		_____
	JOINT	£25.00		_____
		Cheque/Cash Encl.		Date _____

Proposer Name _____

Signed _____

Seconder Name _____

Signed _____

Approved by Committee

Ref. No

Please Pay	Bank of Scotland, 5 The Square, Ellon, AB41 9JB	Sort Code Number 80-06-71
For the credit of	The Gordon Setter Association	Account Number 00370686
The Sum of	Amount in Figures _____ Amount in Words _____	
Commencing	Date of First Payment 4th January And 4 th January annually thereafter.	GSA Ref. <input style="width: 100px;" type="text"/>
Your Bank Name	The Manager	Sort Code <input style="width: 100px;" type="text"/>
Address	Account to be Debited <input style="width: 200px;" type="text"/>	Account No <input style="width: 100px;" type="text"/>
	Signed _____	Date _____

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