

MEMBERSHIP FORM

The Limerick & District Canine Club

To the Hon. Treasurer: Mrs. L. Cox, 29 Parkroe Hgts,
Ardnacrusha, Co. Clare. Tel: +353 61 340409

I wish to become a Member of the Club, and enclose:

Please tick Membership required:

| | |
|-------------------|--------|
| Annual Membership | €4.00 |
| Life Membership | €63.00 |

Full Name (in BLOCK LETTERS) _____

Address _____

Breed (Interest/Owned) _____

Tel: _____

Please pay by cheque/postal order or bank draft made payable to Limerick & District Canine Club.

All subscriptions must be enclosed with membership form. In case of membership being rejected all monies will be refunded.

I declare to abide by the rules & Code of Ethics of the Limerick & District Canine Club and of the Irish Kennel Club Ltd..

Signature _____ Date: _____

Proposed by _____

Seconded by _____

Approved YES NO

Why not join now

Dogs owned in partnership **EACH** owner in such partnership must be fully paid-up member to qualify for any Specials, etc. offered by Limerick & District Canine Club.