



# CLWYD RETRIEVER CLUB

## Member Application

**Title**

Mr  Mrs  Miss  Dr  Ms

**Name**

**Address**

**Post Code**

**Phone Number**

**Mobile Number**

**Email**

I agree to abide by the rules and conditions of club membership

**Signature**

**Please note that all correspondence will be by email, if you require postal communication please tick the box below.**

I require postal communication

**I would like to receive information about:**

Field Trials

Working Tests

Training

**Membership fees**

**New Members**

Single £10 plus £2.50 joining fee  
 Joint £12.50 plus £2.50 joining fee

**Renewals**

Single £10  
 Joint £12.50

**Please return to:-** Mr Arwel Williams

2 Lon y Fron, Pentre Halkyn, Holywell, Flintshire, CH8 8HX Tel. 01352 781160

**Your information is retained electronically by the Club.**