



# 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 ..... Claire Summers, 42 Forest Street, Weaverham, Northwich CW8 3HN or email to [treasurer@clwydretrieverclub.co.uk](mailto:treasurer@clwydretrieverclub.co.uk)

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