



THE IRISH KENNEL CLUB

GADHARCHUMANN NA hÉIREANN

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Show/Field Trial Dept. Tel: (01) 453 3023. Fax: (01) 453 1730
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APPLICATION FOR ASSOCIATE MEMBERSHIP

I wish to be considered for election as an Associate Member of The Irish Kennel Club Limited.

If elected I agree to bound by the Memorandum and Articles of Association of The Irish Kennel Club Limited and by the bye-laws, rules and regulations made by The Irish Kennel Club(all as amended from time to time) including in particular but without limitation, the disciplinary provisions set out in Article 26 of The Articles of Association.

ANNUAL MEMBERSHIP €12.00 (Per Person)

LIFE MEMBERSHIP €150.00 (Per Person)

Please complete the following in **BLOCK LETTERS**

FULL NAME (Block Letters)
(Mr,Mrs,Miss,Ms)

USUAL SIGNATURE

FULL HOME ADDRESS

..... EMAIL.....

PHONE DATE

PREVIOUS ADDRESS (if any)

ALL MAJOR CREDIT CARDS ACCEPTED

The **Irish Kennel Club** seeks to keep their members informed about future events and services by post, email or SMS.

If you **DO NOT** wish to receive such information please indicate by ticking the box below.

I do not wish to receive information from the **Irish Kennel Club**

The **Irish Kennel Club** occasionally negotiates special deals with third party service providers for the benefit of its members.

The contact details of members may be furnished to such third parties in order that they may communicate such special deals directly.

If you **DO NOT** wish your details to be passed to such third parties please indicate by ticking the box below.

I do not wish to receive information from the **Irish Kennel Club.**

PAYMENT											
RETURN THIS FORM COMPLETED WITH THE FEE TO THE IRISH KENNEL CLUB.											
Choose method of payment											
A. BY CHEQUE OR POSTAL/MONEY ORDER											
I enclose my payment for €made payable to The Irish Kennel Club.											
B. BY CREDIT CARD.											
Please charge my											
VISA <input type="checkbox"/>											
MASTERCARD <input type="checkbox"/>											
AMOUNT. € <input style="width: 100px;" type="text"/>											
EXPIRY DATE OF CARD / /											
ISSUE NUMBER IF PRINTED ON CARD											
SIGNATURE.....											
Date / /											
Credit Card transaction charge €1.50											
FOR OFFICE USE ONLY											
Received											
Annual membership											
Life membership											