

Porkshire Shetland Sheepdog Club

PLEASE USE BLOCK CAPITALS

Nominee's Name (MR/MRS/MISS/MS)

Address

..... Post Code

Tel. Code (.....)

Affix

Signature Date

Under 18 YES/NO. (If Yes DOB.....) Senior YES/NO

Your details will be published unless you tick here.

Please enclose your membership subscription

PROPOSER MUST HAVE BEEN A MEMBER FOR AT LEAST 5 YEARS

Proposer's Name (MR/MRS/MISS/MS)

Address

.....

Tel. Code (.....) Affix

Number of Years Membership of YSSC Signature

SECONDER MUST HAVE BEEN A MEMBER FOR AT LEAST 5 YEARS

Seconder's Name (MR/MRS/MISS/MS)

Address

.....

Tel. Code (.....)Affix

Number of Years Membership of YSSC Signature