

Teddy Cavy Club



Membership Form

Please complete all parts of this form and email it to membership@teddycavyclub.co.uk (as it will help us to keep accurate details of your membership). Many thanks!

SURNAME: FIRST NAME:(main)

SURNAME: FIRST NAME:(partner)

BCC REGISTERED STUD NAME (if used):

ADDRESS:

..... POSTCODE:

TELEPHONE NO: MOBILE NO:

EMAIL:

NEW MEMBER / RENEWAL TYPE OF MEMBERSHIP

ADULT	PARTNERSHIP	JUVENILE	SENIOR
£5	£8	£2.50	£3
TOTAL PAYABLE			

BACS - Teddy Cavy Club, Account Number 25144560, Sort Code 77-91-09
Paypal - membership@teddycavyclub.co.uk (via friends & family)

If you have included juveniles above, please give name and date of birth of each child

Name of child..... D.O.B.

Name of child D.O.B.

Name of child D.O.B.

(Juveniles must be between the ages of 5 and 17 years to show cavies as per NCC & SCC Rules)

I hereby agree to abide by the Teddy Cavy Club and NCC / SCC Rules and Show Regulations

SIGNED: DATE:

NB. Membership to the club is offered on the understanding that membership details are held on computer by the Secretary but are used only for the administration and support of the club's activities. Individuals not accepting this will not be eligible for membership. However, where a newsletter or Year-Book is produced, and a list is included, a member has the right to have his/her name, address and contact details omitted. Please indicate your wishes on this matter below

Agree to Publication (YES) wish details withheld (NO)

Thank you from the Teddy Cavy Club