THE PENNINE & SCOTTISH FRENCH BULLDOG ASSOCIATION



MEMBERSHIP APPLICATION FORM

Type of Membership: Joint/Single (Please circle)

Your Details	
First Name:	Surname:
Address:	
City/Town:	County/State:
Postcode/Zip:	Country:
Email Address:	Phone number:
Additional Member's Detai	ils:
First Name:	Surname:
Additional Information	
Do you or have you ever own	ned a French Bulldog? Yes/No (please circle)
If Yes who is/or was the bree	eder(s)?
How long have you been invo	olved with French Bulldogs?
Do you own any other breed	s of dog?
Do you breed dogs? If yes wh	nat is your Affix?
Are you a member of any oth	ner dog clubs?
must either supply the nam	der your application at its next meeting you ness of your proposer and seconder or write and nent with French Bulldogs and your reasons for per.
Name of Proposer:	
Signature of Proposer:	
Name of Seconder:	
I/We are enclosing a letter	to support my/our application. Yes/No (please

I/We are enclosing a letter to support my/our application. Yes/No (please circle)

Payment

I/we are enclosing £1	0:00 for "Sing	gle" Annual	l Membership	or £12:00 for	: "Joint "
Annual Membership. ((Please delete	e as necess	ary)		

Signature(s) of Applicant(s):
Date:
Please send your completed application from to:
Mrs K Ferguson
Membership Secretary
Eastfield
Middlebank
Dunfermline
Fife
KY11 8QN