THE SPORTING IRISH WATER SPANIEL CLUB

Registered with the Kennel Club (2056) PATRON: THE LORD DUNLEATH.

Acting Honorary Secretary

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Membership Coordinator

Ursula Wilcox 59 Strollers Way Stetchworth Newmarket CB8 9TZ

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Membership Application Form

Please complete & delete as applicable::

<u>I/We</u> wish to become (a) member(s) of The Sporting Irish Water Spaniel Club and enclose a cheque / postal order for £ (£15.00 single, £20.00 joint per annum). Please note joint membership means persons living at the same address. Joint also includes families with children under the age of 18 years living at the same address.

I/We have read the Rules and Constitution of the SIWSC and agree to abide by them.

I/We understand that *my/our* proposal has to be approved by the Officers and Management Committee of the

SIWSC. Please answer the following questions by ticking as appropriate.

Do you own an Irish Water Spaniel?

Do you wish to receive Gundog Working Test and Field Trial Schedules/Entry Forms?

Do you wish to receive a copy of the Newsletter?

<u>I/we</u> give permission for the SIWSC to hold the following information for the purposes set out below:

IF YOU DO NOT RESPOND THEN THE SIWSC WILL NOT HOLD YOUR DETAILS OR SEND ANYTHING TO YOU

Your name	
Address	
POST CODE	
Telephone No	
Email	

Data	Purpose	Yes (please tick)	No (please tick)
Name	For membership record held by secretary / treasurer / membership coordinator / newsletter editor. Held electronically and/or on paper		,
	For communication via email/post		
Address	For membership record held by secretary / treasurer / membership coordinator / newsletter editor. Held electronically and/or on paper	,	
	For communication via email/post		
Telephone No	For membership record held by secretary / treasurer / membership coordinator / newsletter editor. Held electronically and/or on paper	'	
	For communication via email/post		
Email	For membership record held by secretary / treasurer / membership coordinator / newsletter editor. Held electronically and/or on paper		
	For communication via email/post		
Proposer. (Name,	address and signature)		
Seconder. (Name	, address and signature)		
Signed:	Date		
Please return to the	ne Membership Coordinator (address overleaf).		