SOUTHERN COUNTIES STAFFORDSHIRE BULL TERRIER SOCIETY

# Application for Membership/Renewal of Membership 2024 PLEASE COMPLETE AND SEND TO:-

MEMBERSHIP SECRETARY: MRS G JONES

 71, BEECHFIELD

HODDESDON

HERTS EN11 9EW

Telephone: 07946 305190 e-mail: ginajones22@hotmail.com

# Membership of the Society is OPEN TO ALL

Membership runs from 1st January to 31st December each year and, for membership to continue, it must be renewed each year. No member whose subscription is unpaid is entitled to any of the privileges of membership and if the Member(s) shall fail to pay outstanding subscriptions by the 31st January 2024 his/her/their name(s) shall automatically be erased from the Society Members’ register.

Any child under the age of 16 is entitled to **Free Honorary Membership** if registered by their Parent or Guardian when making their own application for membership or renewal. Honorary membership does not carry any voting rights associated with full membership.

# The Society’s Rules, Code of Ethics and Privacy Policy are shown on the Society website at [www.scsbts.com](http://www.scsbts.com/)

Further information on the Society and its activities will be sent to you shortly after your application has been accepted and approved by the SCSBTS Committee.

# DECLARATION:

In applying for **MEMBERSHIP** of the **SOUTHERN COUNTIES STAFFORDSHIRE BULL TERRIER**

**SOCIETY** I/we agree to abide by the Rules and Code of Ethics of the Society and that my/our details can be released to the relevant parties as set out in the Society’s Privacy Policy but will NOT be released to other SCSBTS Members.

# Please complete in BLOCK LETTERS

Full Names (Mr/Mrs/Miss)......................................................................................................................................................

Honorary Members...............................................................................................................................................

Address.................................................................................................................................................................

...................................................................................................................................Post Code………………..

Telephone..................................................Email.............………………................……....................................

Signed(1)................…………..….................(2)….......................................................Date .........../........./.........

# Membership Fee £6 single or joint Overseas Membership £10 single or jont Joint Membership means 2 related or connected people

Please indicate whether this is a new application or a renewal. **NEW / RENEWAL If paying by Cheque or Postal Order please make it payable to**

# SOUTHERN COUNTIES STAFFORDSHIRE BULL TERRIER SOCIETY or SCSBTS

**You can also pay by PayPal via** **scsbts1937@gmail.com**

If you use this method please make the payment using **Friends & Family** so the Society does not pay a fee

# If you want to set up a Standing Order please complete the form and return it to the address above

***SOUTHERN COUNTIES STAFFORDSHIRE BULL TERRIER SOCIETY***

If you would like o to pay your membership fees every year by Standing Order, please complete this form, and LEAVE IT ATTACHED TO YOUR APPLICATION FORM – PLEASE DO NOT SEND IT TO YOUR BANK.

TO BANK

ADDRESS.........................................................................................................

................................................................................. Postcode............................

**Please pay**

|  |  |  |
| --- | --- | --- |
| **Bank** | **Branch Title** | **Sort Code** |
| **BARCLAYS** | **LEICESTER** | **20 – 24 – 00** |

**For the Credit Of**

|  |  |  |
| --- | --- | --- |
| **Beneficiary Name** | **Account Number** | **Quoting Reference** |
| **SOUTHERN COUNTIES STAFFORDSHIRE BULL TERRIER SOCIETY** | **6** | **0** | **6** | **0** | **2** | **2** | **4** | **8** |  |

**LEAVE BLANK**

**The sum of**

|  |  |
| --- | --- |
| **Amount in figures** | **Amount in words** |
| **£6.00** | **SIX POUNDS** |

**Commencing and thereafter every**

|  |  |
| --- | --- |
| **Date of first payment** | **Amount of first payment** |
|  | **£6.00** |

**1st January ANNUALLY**

**Due date and frequency**

**Until further notice in writing, and debit my/our current account accordingly**

|  |  |  |
| --- | --- | --- |
| **Name of Account to be debited** | **Account Number** | **Sort Code** |
|  |  |  |  |  |  |  |  |  |  |

# Please complete in BLOCK LETTERS

(Mr/Mrs/Miss) ...................................................................................................................………......

Address................................................................................................................................................

...................................................................................... ...................................................................... Post Code......................................... Telephone Number.........................................................……...

Signature......................................................... Print...........................................Date.........................

Signature......................................................... Print...........................................Date.........................

F**or joint accounts where both signatures are required**