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CENTRAL FIELD TRIAL CLUB

MEMBERSHIP APPLICATION

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

TELEPHONE: _____ HOME CLUB: _____

EMAIL: _____

MEMBERSHIP TYPE:

_____ NEW MEMBER – R 350

_____ RENEWING MEMBER – R 250

_____ COUNTRY MEMBER – R 200

I hereby declare that I will honour the rules and regulations as contained in the Constitution of the Central Field Trial Club. Membership is subjected to approval by the Committee.

Name: _____ Date: _____