THE BEAGLE ASSOCIATION MEMBERSHIP FORM



Name					
Address					
Town					
County					
Tel No & Code			Email		
Date of Birth for Ju	unior Member				
Kennel Prefix/Affix					
Proposed by					
Print Name					
Seconded by					
Print Name					
	Single £9	Joint £10	Junior * £5	Overseas £15	
		• ,		ber following 18 th bi	• /
I/We have read ar	nd will respect	the Code of th	ne BA Cheque	PO/Cash for f	enclosed

Signed		
Print Name		
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Please send to:
Membership Secretary
Mrs Maureen Henningsson-Dundas
Drive End Cottage
Clover Lane
Wigtoft
Boston, Lincs
PE20 2NU

PLEASE NOTE Proposed new members must receive approval at the next Committee meeting following the application before acceptance into the BA. If you do not know any members to propose and/or second you, then please give details of any Beagle you own i.e. name and breeder or your interest in the breed. The current Beagle Association Annual will be forwarded to new members.

The names and addresses of BA Members are held on a computer so that address labels may be printed for distributing schedules etc., also for printing membership lists in the BA Annual.