I/We wish to apply for membership of/to re-join the Portuguese Pointers of Great Britain Society and, if elected, I/we agree to abide by the Constitution of the Society.

This application form can be used for up to two applications.

In accordance with the GDPR, please find enclosed a copy of the Society's privacy notice.

**Please complete this form in block capitals unless you are completing the form digitally.**

|  |  |
| --- | --- |
| Society approval/renewal (delete as applicable) | Approval/ Renewal |
| Member details |
| **Full name (1)** |  |
| **Title (Mr/Mrs/Miss/Ms/Dr)** |  |
|  |
| **Address** |  |
| **Email address** |  |
| **Telephone number** |  |
|  |
| **Full name (2)** |  |
| **Title (Mr/Mrs/Miss/Ms/Dr)** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone number** |  |
| I/We own a PP | Yes/No | Name of dog/s |
| I/We have owned a PP | Yes/No | Name of dog/s |
| Or I/We own another HPR breed/s (please state breed)  |  |
| Name of other dog Clubs/Societies of which I am a member (if none write none) |  |

**Subscription Rates** payable annually on 31st January

|  |  |
| --- | --- |
| Adult | £10.00 |
| Junior | £0.00 |

I/we enclose £……. in respect of one/two annual subscription/s for the current year ending on 30 January 20…….

Cheques should be made payable to: **Portuguese Pointers of Great Britain** and sent with this form to the Secretary David Bloomfield, 130 Winchester Road, Four Marks, Alton, Hampshire GU34 5HZ. Email: PPGBSecretary@gmail.com. Alternatively, please send your subscription directly to the following account details:

Account Name: **Portuguese Pointers of Great Britain.** Please use your surname as the reference

Sort Code: 60-09-11

Account Number: 72610093

Upon receipt of your application and payment, in accordance with the Rules, your name will be added to the Register.

In accordance with the Society Rules, the Portuguese Pointers of Great Britain Society is required to make and maintain a list of members and their addresses.

|  |  |
| --- | --- |
| Particulars of Dog |  |
| Name |  |
| Description |  |
| Sex |  |
| Date of birth |  |
| Kennel Club Registration number |  |
| Sire |  |
| Dam |  |
| Breeder |  |
| Address |  |

|  |  |
| --- | --- |
| Membership Categories |  |
| Adult | Over 18 years of age, individual membership which will entitle the member to one vote |
| Junior | 17 years of age or under and will be able to participate in PPGB Society activities, but is ineligible for voting |

**GDPR**

I confirm that I have read and accepted the privacy notice and I hereby give my consent for the information provided on this form to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 2018.

|  |  |
| --- | --- |
| Signature:  |  |
| **Date:**  |  |