

Registration Form

I hereby apply to become a member of Canine Health Concern. I understand that my contact details will be entered on a database for the purpose of communicating with me and providing me with information. (Please note that your details will not be passed on to anyone.)

£16.00 (yearly)

or £25.00 if you wish to include a donation

(See also, website for online/monthly payments).

Please print your details clearly and send this form together with your payment/advice

Title (Mr/Mrs/Miss/Ms)_____ First_____ Surname_____

Address _____

_____ Postcode_____

Telephone _____ Email_____

You can help us to reduce printing and postage costs by receiving correspondence and newsletters etc by email. Please tick this box if you do not want all correspondence by email [].

Signed _____

Date _____

Please send your registration form and payment to:
Canine Health Concern
Gardeners Cottage, Kirklands, Ancrum TD8 6UJ (UK)
Telephone: +44 (0)1835 830273.
Email: **Rob@Canine-Health-Concern.org.uk**
www.canine-health-concern.org.uk