

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
Bucklands House, Bucklands, Hawick TD9 8RR (UK)
Telephone: +44 (0)1450 379800.
Email: Rob@Canine-Health-Concern.org.uk
www.canine-health-concern.org.uk