



CAPE BULLMASTIFF CLUB

Affiliated to KUSA: No. 1151 Est. 2011

e-mail: info@capebullmastiffclub.co.za

Tel: 072 380 7274

APPLICATION FOR MEMBERSHIP

Name: _____ Surname: _____

Physical Address: _____

Postal Address: _____

E-mail Address: _____

Contact Number: Land: _____ Cell: _____

Occupation: _____

Kennel Name if applicable: _____

Breeder / Exhibitor / Owner / Judge: _____

Number of Bullmastiffs owned: _____

What do you expect from this Club?

I agree to abide by the Constitution of the Cape Bullmastiff Club, Code of Ethics, Rules and Regulations and by inclusion the KUSA rules and regulations.

Signature: _____

Type of Membership: **Ordinary**

Annual Membership: R 120

Pensioners: R 75

Existing Members: R 100 Signing up their new puppy owners to the club

For Office: Approved Not Approved

Reason if any: _____

Date: _____ Sign: _____ Sign: _____

BANK DETAILS: CAPE BULLMASTIFF CLUB

BANK: First National Bank

BANK CODE: 200612

ACCOUNT NUMBER: 62330734048

Chair: Charmaine Hoffman

Committee Members:

Treasurer: Michelle Schou

Secretary: Jody Baxter