

AVON & BORDER COUNTIES ASSOCIATION OF THE W.P.C.S.

MEMBERSHIP FORM / RENEWAL

NAME

.....

STUD NAME (If applicable)

.....

ADDRESS

.....
.....
.....

POSTCODE

TEL. NO.

EMAIL.

I enclose cash/cheque for: £ 10.00 Single Membership

£ 12.00 Joint / Family Membership

Section(s) interested in (please tick) A B C D P/B Other

Please complete, print and return this form with your payment to:

Susan Hole
70 Longbeach Road
Willsbridge
Bristol
BS30 9YE
Tel: 07711 545964
Email: riavicstud@hotmail.co.uk

THE MEMBERSHIP YEAR RUNS FROM JAN. 1ST. – DEC 31ST.