



COLIMANOR BREEDERS CLUB - MEMBERSHIP APPLICATION

Full name:

Address:

.....

Post Code **Tel No:**

Email:

Please indicate which of our pet food brands you are interested in:

Fromm Family H-Allergen First Class

Please select where you would prefer the Breeders bags to be supplied from?

Direct from us: Distributor: Others:

Please complete the following as applicable:

1. Number of dogs / cats owned: Dogs Cats

2. Breed of dogs / cats owned:

.....

3. Kennel Club Affix:

4. Do you (Please select which) breed work show your dogs?

5. Do you own a Boarding Kennels? Yes No

7. Do you participate in any of the following Fields of activity? (Please tick any that apply)

Obedience: Agility: Show: Dog Club: Gun Dog:

Any other (please state):

I hereby certify that the above details are correct. I agree to the terms and conditions attached and confirm I qualify for membership. I also confirm that I will be purchasing VAT free Colimanor Breeder Bags to feed to working dogs in accordance with H.M.R.C. REFERENCE 701 / 15 (March 2002) item 6.4

Signed:

Date: