

New Member Application Form (First time-applicant)

First-time members are required to be elected and pay an Election /Entrance fee as well as the 12- months' Subscription Fee. Refer to Fee Schedule for Subscription Fees. I wish to apply for the following type of Membership:

- | | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual Membership (name of nominee in the case of Companies, etc.) | <input type="checkbox"/> Junior Membership (over 8 and under 18- proof of age must be provided) |
| <input type="checkbox"/> Household Membership | <input type="checkbox"/> Senior Membership (over 70 – proof of age must be provided) |
| <input type="checkbox"/> Young Adult Membership (18 to under 21 - proof of age must be provided) | |

I have been a KUSA member in the past Yes No If "YES", quote old Membership No (if known)

Mr Mrs Miss Dr Other Specify Sex M F

Surname of Individual / Principal Applicant (Household Membership)	First Name	Initials

Full Residential Address (i.e. Street, Plot number, Farm etc)

City	Postal Code	I.D. No:	

E-mail Address: _____ **Tel ()** _____ **Mobile:** _____ **Signature: (Principal Applicant)** _____

Full Postal Address (i.e. Street, PO Box or P. Bag Etc.)	Postal Code

Additional Applicants (Household Membership only)

Please provide previous Membership Number for each Applicant (if applicable)

Surname	First Name	Initials	Mr	Mrs	Miss	Other	Sex
Surname	First Name	Initials	Mr	Mrs	Miss	Other	Sex
Surname	First Name	Initials	Mr	Mrs	Miss	Other	Sex
Surname	First Name	Initials	Mr	Mrs	Miss	Other	Sex

I/we, the undersigned certify that I/we have read and understood the Conditions of Membership and undertake to comply with those Conditions

If any applicant is a minor – under 18 - proof of age is required & legal guardian to sign below

.....
Legal Guardian Signature _____ **Date** _____
Guardian I.D. No. _____

.....
Signature - Household Member 1 _____ **Date** _____
I.D. No. _____

.....
Signature - Household Member 2 _____ **Date** _____
I.D. No. _____

.....
Signature - Household Member 3 _____ **Date** _____
I.D. No. _____

.....
Signature - Household Member 4 _____ **Date** _____

Methods of Payment

Visa Mastercard EFT

Credit Card No.CVC No.....

Expiry Date Amount R

Cardholder's Name

Cardholder's Signature.....

Date.....

BANKING DETAILS

Attach proof of payment to application and email to applications@kusa.co.za

Name of Account: Kennel Union of Southern Africa
Name of Bank: First National Bank
Branch: Portside
Acc No: 51450025635
Branch Code: 210 651
Eft Code: 210 655

- Conditions of Membership**
- In making Application to the Kennel Union of Southern Africa for Membership, I/We attest as follows and agree to comply with the following conditions:
- At all times I will conform to the Rules & Regulations of KUSA as set out in the KUSA Constitution, the Code of Conduct for Elected or Appointed KUSA Officials if and when elected, the KUSA Code of Ethics and any Bylaws, Policies, Procedures instituted by KUSA from time to time;
 - I/We declare that I/we have never been convicted on a charge of cruelty to or neglect of animals;
 - I/We confirm that I/we have not in the past been suspended or expelled by KUSA, or by another Registering Authority accredited by the Department of Agriculture, Land Reform & Rural Development(DALRRD),for any breach of their Codes of Conduct, or Ethics, and further confirm that I have not been expelled from any legitimate Club or Association on account of having been found guilty in a Court of Law, or by the Club's/Association's duly constituted Disciplinary Committee, of cruelty to animals;
 - I/We will pay the Membership Subscription Fee and Election Fee and thereafter the Annual Membership Renewal Fee as prescribed in the Schedule of Subscriptions and Fees of the KUSA.
 - I/We accept that KUSA may disclose my contact details to third parties but if do not wish so, I/we shall officially inform KUSA that my/our contact details may not be disclosed to third parties.
 - I/We understand and agree that having voluntarily submitted this Membership Application, the KUSA is under no obligation to approve it and accept it and KUSA reserves the right to refuse acceptance of any Membership Application and to refund any Subscription Fees and Election Fees tendered.

