

HERTS BEDS BUCKS BERKS & HANTS RETRIEVER SOCIETY

KC ID: 691

MEMBERSHIP APPLICATION

Please complete all details clearly using **BLOCK CAPITALS** and then return this form to the Society's Chairman:

Mrs. E. Scott, The Laurels, Chisbury, Marlborough, Wilts. SN8 3JA

01672 871208

emmascott@chisbrook.com

The Society only considers membership applications annually at its A.G.M. You will be notified of the outcome of your application following the next A.G.M (usually held in April each year).

Please do not send any monies with this form. Joining fees and subscriptions will become due once you have been notified of the outcome of your application.

FULL NAME	Mr, Mrs, Ms, Miss, Dr etc.
ADDRESS (inc. post code)
TELEPHONE	
MOBILE	
EMAIL	

The Society's preference is to communicate with its members by email. Where an email address is given above, all communications will be by email only. However, please do let us know if you require correspondence by post instead.

All Applicants have to be proposed and seconded for membership to the Society. The Proposer and Secunder must be fully paid up members of the Society at both the time of signing this form and the AGM when it is considered. The Society's Chairman or Secretary may contact the Proposer and/ or Secunder to verify any information provided in this Membership Application. **The Proposer and Secunder must also personally know the Applicant.**

PROPOSER NAME		PROPOSER SIGNATURE	
SECONDER NAME		SECONDER SIGNATURE	

I understand that the Society's Privacy Policy is available on the Society's website (www.hbbbhretreiversociety.org.uk) or upon request from the Secretary and that the Privacy Notice tells me what the Society does with my personal data, why the Society needs to hold it and my rights as an individual.

I understand that the Society only hosts Field Trials, and these are held in accordance with the Regulations of The Kennel Club.

If my membership application is accepted, I agree to abide by the Society's Rules and Regulations, and the Regulations of the Kennel Club.

I understand that the Officers and Committee of the Society have the exclusive right to, acting reasonably, determine the outcome of this Application in accordance with the Society's Rules and Regulations and the Kennel Club's Regulations, and they are not required to provide reasons for their decision.

I wish to apply for membership of the Herts Beds Bucks Berks & Hants Retriever Society

SIGNATURE	DATE
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All Sections (A, B and C, below) of this Membership Application Form must be fully completed before returning it to the Society's Chairman. In light of the Society only holding Retriever Field Trials, and the increasing popularity of Gundog Working Tests and Field Trials more generally, the Officers and Committee consider it prudent to briefly understand a prospective member's experience in the shooting field, and particularly of Retriever Field Trials, when considering their application.

SECTION A: TO BE COMPLETED BY THE MEMBERSHIP APPLICANT

Please ensure the first page and this Section A are fully completed before passing to your Proposer and then Secunder.

1. Are you on the Official Panels of Field Trial Judges? (Please circle)

If you are on either Retriever Panel, please sign and date below.

If *no* or if you are on another sub-group Panel, please answer sections A2. – A6. below.

No	A Panel	Retriever
		Spaniel
B Panel		HPR
		Pointer & Setter

2. Please give brief details of your experience in the shooting field (shooting, beating, picking up etc).

3. Are you involved in the administration of a Gundog club or society which holds Retriever Field Trials as either an Officer or Committee Member?

If yes, please briefly detail at section A6. below.

Yes No

4. Have you handled a dog in a Retriever Field Trial?

If yes, please briefly detail your experience at section A6. below, including mentioning any awards.

Yes No

5. Have you helped (i.e. shooting, stewarding, game carrying, marking etc) at Retriever Field Trials?

If yes, please briefly detail your experience at section A6. below.

Yes No

6. Please briefly provide details indicated at sections A3. – A5. above, and also provide details of any other relevant experience at Field Trials and/ or Gundog Working Test (whether Retriever or other sub-group(s)).

DECLARATION

I confirm that as at the date of this Membership Application the information given above is true, accurate and complete and I acknowledge that the Officers and Committee of the Society may rely upon such information when considering this Application.

I further acknowledge that the Society is not bound to approve this Application at this time if, acting reasonably, the Officers and Committee consider there is reason to not admit me to the membership.

SIGNATURE		DATE	
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SECTION B: TO BE COMPLETED BY THE PROPOSER

Please ensure Section A is completed, signed and dated by the Applicant before completing, signing and dating this Section B

NAME**TEL****EMAIL****1. How long have you personally known the Applicant?**

Less than 1 year

1 – 3 years

3 – 5 years

5 – 10 years

10+ years

2. In what capacity do you know the Applicant? (e.g. family, work colleague, picking up, shooting, beating, training, client, employer)**3. In proposing the Applicant for membership to the Society, you confirm that:**

- a. to the best of your knowledge and belief the information provided in this Membership Application is true, accurate and complete as at the date of your signature below; and
- b. you are not aware of any discreditable conduct on the part of the Applicant or of any other reason which would make the Applicant unsuitable for membership to the Society; and
- c. you personally know the Applicant sufficiently to provide the confirmations at B.3.a. and B.3.b. immediately above.

The Society’s Chairman or Secretary may contact you to verify any information contained in this Application.

SIGNATURE**DATE****SECTION C: TO BE COMPLETED BY THE SECONDER**

Please ensure Sections A and B are completed, signed and dated by the Applicant and the Proposer (respectively) before completing, signing and dating this Section C

NAME**TEL****EMAIL****1. How long have you personally known the Applicant?**

Less than 1 year

1 – 3 years

3 – 5 years

5 – 10 years

10+ years

2. In what capacity do you know the Applicant? (e.g. family, work colleague, picking up, shooting, beating, training, client, employer)**3. In seconding the Applicant for membership to the Society, you confirm that:**

- a. to the best of your knowledge and belief the information provided in this Membership Application is true, accurate and complete as at the date of your signature below; and
- b. you are not aware of any discreditable conduct on the part of the Applicant or of any other reason which would make the Applicant unsuitable for membership to the Society; and
- c. you personally know the Applicant sufficiently to provide the confirmations at C.3.a. and C.3.b. immediately above.

The Society’s Chairman or Secretary may contact you to verify any information contained in this Application.

SIGNATURE**DATE**