



Dogs Of War

NATIONAL EXCO

CARE OF ABK ATTORNEYS INC
2ND FLOOR NEDBANK BUILDING
RYK STREET
WELKOM

MEMBERSHIP APPLICATION FORM – DOGS OF WAR MCC PILLION (ASSOCIATED & ATTACHED TO KEYHOLDER)

Surname			Known as	
First name(s)			Occupation	
Keyholder name			Home Lang.	
Keyholder relationship			From	
Home address				Post code
e-mail address				
Tel (H)			Tel (W)	
Mobile number			Fax	
ID no:				
Security force service (complete only if you served in the Military, Police or Prison Service), otherwise put N/A				
Unit served in				
Year of service				
Last rank				
Force number				
Medical aid name			Mem. No.	
Medical authorisation tel. number				
Contact In Case of Emergency (ICE) 1			Tel.	
PLEASE INITIAL IN THE BLOCK AT THE BOTTOM CORNER OF THIS PAGE				

Blood group	
Allergies	
Other medical condition(s)	

BY SIGNING THIS APPLICATION I AGREE TO ABIDE BY THE DOGS OF WAR MCC CONSTITUTION, SWPs AND SOPs (THESE DOCUMENTS ARE AVAILABLE FOR DOWNLOAD FROM www.thedogsofwar.co.za AND FROM THE CHAPTER PRESIDENT). I WILL RESPECT THE COLOURS OF THE DOGS OF WAR MCC AND NEVER DAMAGE IT IN ANY WAY. I WILL NEVER ATTEMPT TO COPY OR REPLICATE IT FOR MY OWN OR ANY OTHER USE WITHOUT THE PRIOR WRITTEN CONSENT OF THE NATIONAL EXCO. I UNDERSTAND THAT CLUB COLOURS AND ANY ITEMS THAT DENOTE MEMBERSHIP OF THE CLUB REMAIN THE PROPERTY OF THE CLUB AND NEVER BECOME THE PROPERTY OF THE MEMBER – THESE MUST ALL BE RETURNED TO THE NATIONAL HQ WHEN I LEAVE THE CLUB.

SIGNATURE OF PILLION: _____

DATE: _____

SIGNATURE OF KEYHOLDER: _____

DATE: _____

THIS FULLY COMPLETED AND SIGNED FORM TOGETHER WITH YOUR PROOF OF PAYMENT OF THE AMOUNT DUE ARE TO BE GIVEN TO THE CHAPTER PRESIDENT WHO WILL FORWARD IT BY EMAIL TO THE DOGS OF WAR MCC NATIONAL TREASURER AT el@thedogsofwar.co.za .

AMOUNT PAYABLE

BANK DETAILS

ONCE OFF ENROLLMENT FEE (PAYABLE BEFORE BEING PATCHED WHEN ASSOCIATED KEYHOLDER IS DUE FOR FULL PATCHING)	R1620
ANNUAL MEMBERSHIP	R 0

DOW HQ ACCOUNT	
ABSA BANK SAVINGS ACCOUNT NUMBER	9381212109
BRANCH CODE	632005

FOR DOGS OF WAR USE ONLY:

Date of payment:		
Date of associated keyholder's full patching:		
Size of patch required (mark which is applicable) – please note that we normally provide small patches to pillions and that you will be required to motivate if you require a medium patch.	SMALL (300MM WIDE)	MEDIUM (365MM WIDE)

APPROVED BY:

SIGNATURE OF CHAPTER PRESIDENT: _____

DATE: _____