



Dogs Of War

NATIONAL EXCO
OLD SHUTE
1 LONG STREET
BLOEMFONTEIN
9301

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

Surname			
First name(s)			
Keyholder name			
Keyholder relationship			
Home address			
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:	

APPROVED BY:

SIGNATURE OF CHAPTER PRESIDENT: _____ DATE: _____