

TEL: +27 21 423 9027

www.kusa.co.za EMAIL: info@kusa.co.za



## **KUSA Membership Renewal Form**

Complete and sign this Application Form and email to applications@kusa.co.za with proof of payment attached.

Items marked \* are compulsory.

Please use your KUSA Membership number as the bank reference

Title Initials*	First name	First name Surname*						_	
KUSA Membership Number* ID Number*									
For <b>Household Membership</b> – pr	ovide name and Members	ship Number of F	Principal Member						
Postal Address*						Code			
Telephone No: Mobil			ile No.*						
E-Mail Address*		(	email must be u	nique & only y	ours, not sh	ared)			
Choose your KUSA memb	pership type:								
Please indicate	the category of member	ership required	d by marking th	e appropriat	te block with				
KUSA Membership Types		Individual		Household <sup>2</sup>		Young Adult	Junior	Senio	
12 Month KUSA Membership Subscription	Individual Member	Loyal <sup>1</sup> Member	Judge 5 years or more unbroken <sup>4</sup>	Principal	Others <sup>3</sup>	Age: 18-20	Age: 8-17	Age: 70+	
Annual Membership Fee (mark v	vith X) <b>R770</b>	R707	R663	R770	R671	R332	R212	R332	
Re-election Fees - If Lapsed for more than one (1) month R436									
Avoid Re-election  Renew your membership within ( Subscription Fees. If Membership Renewal of Membership will have  Choose your method of p	is not renewed within 30 to be submitted to the Exe	days of Renewa	al Date, a Re-ele	ction Fee will	be required				
				EF"	T Mas	tercard	Visa		
Credit Card No CVC No			BANKING DETAILS						
Expiry Date Amount R  Cardholder's Name (Please print)			Email proof of payment to applications@kusa.co.za Bank Reference: Membership number, initials and surname						
Cardholder's signature			Name of Account: Kennel Union of Southern Africa Name of Bank: First National Bank; Branch: Portside						
Date			Account Number: 51450025635; Branch Code: 210 651; Eft Code: 210 655						
Please sign the conditions for	or the Renewal of KUS	SA Membersh	nip						
In making application to the Kennel Conditions:  1. At all times I will conform to the Appointed KUSA Officials if ar 2. I declare that I have never bee 3. I confirm that I have not in the Reform & Rural Development Club or Association on accour animals;  4. I will pay the Membership Rer 5. I accept that KUSA may disclosed to third parties.  I understand and agree that having voright to refuse acceptance of any Membership to the conditions of the conditions	e Rules and Regulations of K nd when elected, the Code of en convicted on a charge of con- past been suspended or exp (DALRRD), for any breach of nt of having been found guilty newal Fee and Re-election Fe pose my contact details to third	USA as set out in Ethics and any By ruelty to or neglect elled by KUSA, or their Codes of Coin a Court of Law, e (if applicable), as parties but if do no bership Renewal A	the KUSA Constitu laws, Policies, Pro of animals; by another Registe nduct, or Ethics, ar or by the Club's/As s prescribed in the ot wish so, I shall o	tion, the Code of cedures institute ering Authority a nd further confirm association's duly Schedule of Sul fficially inform K	of Conduct for I ed by KUSA fro accredited by the m that I have n or constituted Di bscriptions and CUSA that my consideration	Elected or om time to tim time to tim the Department of been expessiplinary Cod Fees of KUR contact details	ne; at of Agriculti elled from an emmittee, of SA; and s may not be	ure, Land y legitimat cruelty to	
Signature*			Date:						

<sup>\*</sup> If the Applicant is a minor (under 18years of age), his/her Legal Guardian must also sign this Renewal Application