



South African Boerboel Breeders' Society

Registered as a breeders' society in terms of the Animal Improvement Act, No 62 of 1998

Registration Number 62/98/B-68

Head Office South Africa

+27 (0)51 410 0950 +27 (0)51 448 4220

506, Bloemfontein, 9300, South Africa office@sabbs.org www.sabbs.org

Member application	2018	International
Complete "A", "C" and "D" in full, "B" only if applicable.		Print, complete, scan, and submit.
Submit the completed form with proof of payment by e-mail to office@sabbs.org , or by fax to +27 (0)86 579 9400.		

A. PERSONAL PARTICULARS

Language preference: <input type="checkbox"/> English <input type="checkbox"/> Afrikaans		Member Type: <input type="checkbox"/> Ordinary Member <input type="checkbox"/> Junior Member <input type="checkbox"/> Other ¹	
If Member Type is <i>Other</i> , Name of Body ¹ :			
If Member Type is <i>Other</i> , Reference Number ¹ :		Identity Number ² :	
Surname:		Given Names:	
Physical address:		Postal Address:	
Province / State:		Province / State:	
Country:	Postal / Zip Code:	Country:	Postal / Zip Code:
E-mail address:			
Telephone Numbers: Please provide number in the following format:		+27 (0)51 410-0950	
Home:	Work:	Cell:	

B. BREEDER: APPLICATION FOR STUD / KENNEL NAME (PREFIX)

Application form available at: <http://sabbs.org/services/membership>

I wish to join SABBS as a breeder member and register a unique stud name (prefix) with SA Stud Book. The completed application form is attached.

C. FEES

APPLICABLE FEES AND PAYMENT INSTRUCTIONS	Joining fee (once-off SA Stud Book participation):
Please refer to the appropriate information sheet for your region, available at: http://sabbs.org/services/fees . If your country/region is not listed, please contact the SABBS Office at office@sabbs.org for a quotation.	Subscription:
	Registration of Prefix, if required (breeders only):
Select your Region: <input type="checkbox"/> Australia (A\$) <input type="checkbox"/> Canada (CAN\$) <input type="checkbox"/> Europe & Scandinavia (excl. UK) (€) <input type="checkbox"/> Other <input type="checkbox"/> United Kingdom (GB£) <input type="checkbox"/> USA (US\$)	Total:

D. AGREEMENT

I agree to:

- Accept and abide by the SABBS Constitution and Bylaws.
- Pay all prescribed subscription and service fees upon request and when due.

_____	_____	_____
DATE	NAME	SIGNATURE

¹ **Other:** Company, close corporation, partnership or other body corporate. In this case a reference number, the name of the body, and the personal particulars of the authorised representative must be provided.
² **Identity Number:** National Identification or equivalent unique personal identification number. If no number is issued in your country, passport number.