



MAURITIUS SOCIETY FOR ANIMAL WELFARE

APPLICATION FORM FOR MEMBERSHIP

**The Director
The MSAW
Moka Road
Rose Hill**

Date:.....

Dear Sir/Madam,

I wish to be enrolled as a member of the MSAW, and I undertake to faithfully abide by the, rules & regulations of the Society.

I shall settle my first annual subscription of Rs/- (Cash or Cheque) or by arrangement with my bank details as per your instructions.

I enclose 2 passport photos for issue of membership card please.

Yours faithfully,

.....
Signature

Surname:..... **Name:** (Mr, Mrs, Miss).....
(in block letters please)

Address:.....

Occupation:.....

Date of Birth:..... **Age:**..... **Tel No:**.....

Email:.....

Name of other associations to which you belong:.....

Reasons for interest in MSAW:.....

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Areas in which you can help the MSAW (Please tick)

Administration	Sponsoring	Finance	Cleaning of Kennels
Dog Training	Organization of Activities	Others	Interact with animals

Annual Membership Fee: Rs/-

To be filled by MSAW

Application examined by the Council on:.....

Application: Accepted / Rejected by Council:.....

Date:.....

Signature of Secretary of the Council :.....

Applicants informed: Yes/ No:..... **Membership No:**.....

Membership Card issued on:.....