



VAAL POSDUIF UNIE

INFORMATION OF MEMBER :		
NAME OF AFFILIATED CLUB:		
FULL NAMES:	SURNAME:	SANPO membership no:
Address:		
Id NUMBER:	EMAIL:	Tel:
VACCINATIONS		
Pox:	SERIALNO:	
EXPIRY DATE:		
Newcastle Disease Virus NDV	SERIALNO:	
EXPIRY DATE:		
Paramyxo virus PMV1:	SERIALNO:	
EXPIRY DATE:		
CLOCK INFORMATION		
CLOCK MAKE		
MODEL:	SERIALNO:	
FLYING TEAM: I will be flying a team off _____ / _____ pigeons		
I do state that the above mentioned is true and correct.		
SIGNATURE MEMBER:		Date:
SIGNATURE CHAIRMAN:		Date: