

APPLICATION FOR NEW MEMBERSHIP

I have previously held a membership with the VCA or other state body: _____
Memb. No - if unknown please contact us

Reg No: A0023882W ABN 97 452 215 878
 Locked Bag K9, Cranbourne, Victoria, 3977
 Phone: 03 9788 2500 Fax: 03 9788 2599
 Email: office@dogsvictoria.org.au Website: www.dogsvictoria.org.au

CATEGORIES OF MEMBERSHIP

<input type="checkbox"/> Ordinary (must be over the age of 18)	\$137.00 (incl joining fee*)
<input type="checkbox"/> Dual Ordinary (two members at same address, both over 18)	\$184.00 (incl joining fee*)
<input type="checkbox"/> Aged Pensioner (include copy of pension card)	\$121.00 (incl joining fee*)
<input type="checkbox"/> Dual Aged Pensioner (2 eligible members at same address - include copy of cards)	\$170.00 (incl joining fee*)
<input type="checkbox"/> Junior (less than 18 years of age)	\$ 62.00 (no joining fee)
<input type="checkbox"/> Junior no gazette (if Gazette already delivered to address)	\$ 25.00 (no joining fee)
<input type="checkbox"/> Add Transfer of Dog (please enclose ORIGINAL, SIGNED pedigree)	\$ 39.00 per transfer
<input type="checkbox"/> Companion no Gazette/magazine (cannot show, trial or breed)	\$ 39.00 (no joining fee)
<input type="checkbox"/> Companion with Gazette/magazine (cannot show, trial or breed)	\$ 77.00 (no joining fee)

COMPANION MEMBERSHIP INCLUDES TRANSFER OF one dog on Limited Register ONLY (original, signed pedigree required)

TOTAL FEES ENCLOSED \$

*12 month membership price includes a one-off joining fee of \$40.00

DETAILS OF APPLICANT/S

TITLE (Dr Mr Mrs Miss Ms Mstr) and SURNAME		GIVEN NAME (S)	
MY RESIDENTIAL ADDRESS (mandatory)		SUBURB or TOWN	POSTCODE

Attach a copy of photo ID & residential address, e.g. driver licence (or ID card + rates notice)

POSTAL ADDRESS (if different)		SUBURB or TOWN	POSTCODE
TELEPHONE (Home Business)	TELEPHONE (Mobile)	EMAIL	

I wish to volunteer with DOGS Victoria and offer the following skills/capabilities _____

INTERESTS Agility Conformation (Showing) Dances with Dogs Earthdog Endurance Field
 Herding Junior Handlers Obedience Retrieving Tracking

JUNIOR MEMBERS ONLY - PLEASE COMPLETE THE FOLLOWING:

DATE OF BIRTH	SIGNATURE OF PARENT/GUARDIAN	PARENT/GUARDIAN MEMBERSHIP NO.
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DUAL MEMBERSHIP - PLEASE FILL IN SECOND MEMBER'S DETAILS both members must sign declaration on reverse

TITLE (Dr Mr Mrs Miss Ms) and SURNAME	GIVEN NAME (S)
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PLEASE COMPLETE DETAILS ON REVERSE

I agree that DOGS Victoria can disclose my contact details

AN APPLICATION FOR AN INITIAL PREFIX WILL NOT BE PROCESSED UNLESS THE MEMBER HAS BEEN A MEMBER OF DOGS VICTORIA OF AN ANKC LIMITED RECOGNISED BODY FOR NOT LESS THAN 12 MONTHS AND HAS SUCCESSFULLY COMPLETED THE BREEDER PREFIX EXAMINATION.

