

APPLICATION for MEMBERSHIP / RENEWAL

Reg No A0026639G ABN 39 384 635 498

The Whippet Assoc. of Victoria Inc.

I / We				
Of				Postcode
Telephone:	(Home)		(Mobile)	
Email:				
Desire to become a	(Please indicate above Category of		• •	sociation of Victoria Inc.
In the event of my/our admis	sion as a member/s in the abo	ove category,	I/we agree to	be bound by the Rules and By-
laws of the Association and		-	•	ria Inc., for the time being in
(Note: Each Financia	force. (Please al Year ends on December 31.			nuary 31 of each year).
MEMBERSHIP FEES	SINGLE \$10.00	DUAL	\$10.00	JUNIOR \$7.00
VCA or State Controlling Bo	ody Membership Number:			
SIGNATURE OF APPLICA	NT:		Da	ate:
The state of the s	is/are personally known by me	•	· ·	• •
SIGNATURE OF PROP	OSER:			Date:
Are your interests in the	breed related to: (please circle	•	RMATION and	d/or fun days / lure
Please circle if you wisl	n to receive your newsletter WH I	Electronic	ally (COLOU	JR) or <i>Post</i> (BLACK &
	For office	use only:		
Date admitted as member/s	in the above category NEW	MEMBER:		
	RENEWAL	PAYMENT	RECEIVED	
Breed	der Member Membership	Fee for Ne	w Member:	\$10.00
Secretary:	Tre	asurer:		
Mrs Ra	This form must be retu e Mitchelson – Unit 44, 79	-	•	
		•	•	
	cheques payable to Thip ipt, please tick this enve	х & е		amped self-addressed
	GIIVC	iope.		
DIRECT ENTRY PAYM	ENT: NAB SOUTH YARR			8-427 ACCT. 91919 3733
	REF: REMIT			
OR Please Credit n	ny Acct #			Mastercard Visa
	mount of \$			

Cardholder's Name:

CCV:

A copy of the Code of Ethics of the Dogs Victoria, Standing Orders of the Association and By-Laws are available from The Secretary on request.

If you let your membership lapse past a period of 3 months you will need to complete a new form and be re-nominated.