

TENTERFIELD TERRIER CLUB OF S.A. INC.

P.O. BOX 551
DUBLIN SA 5501
Phone : 08 8431 0986

APPLICATION FOR MEMBERSHIP/RENEWAL

NAME :

ADDRESS :

..... POSTCODE :

TELEPHONE : MOBILE :

DOGS SA MEMBERSHIP NO (if applicable) :

EMAIL :

I agree to have my Newsletters emailed to me via my above email address
(this benefits you and the Club - all photos will be in colour with no extra cost to you or the TTCSA)

- Please indicate Yes (included in your membership)
 No (include extra \$5 printing & postage costs to your membership fee below
for your black & white copy)

TYPE OF MEMBERSHIP - PLEASE CIRCLE

Please add \$5.00 if newsletters are to be posted

FAMILY \$20	SINGLE \$15	ASSOC. \$10
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A Family Membership includes 2 votes. Please indicate below the two voting members. Voting members must be over 18 years. Single membership is for a single owner and/or exhibitor of a Tenterfield Terrier. Associate membership is for any one who does not own a Tenterfield Terrier, but would like to receive the newsletters. Family Membership allows for husband and wife ownership and/or any children under the age of 17 years (living in the household).

NAME of Voting Member:

NAME of Voting Member:

CHILDS NAME : AGE :

CHILDS NAME : AGE :

CHILDS NAME : AGE :

CHILDS NAME : AGE :

I HEREBY APPLY FOR MEMBERSHIP OF THE TENTERFIELD TERRIER CLUB OF SA INC. I AGREE TO ABIDE BY THE RULES OF THE CLUB.

ENCLOSED IS MY CHEQUE/M.O. FOR \$..... TO COVER MY APPLICATION.

SIGNED : DATE :/...../.....

THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT AND RETURNED TOGETHER WITH PAYMENT TO THE ABOVE ADDRESS.