**ACT GERMAN SHEPHERD DOG ASSOCIATION INC**

(Incorporated in the ACT)

PO BOX 893, Dickson ACT 2602

**MEMBERSHIP RENEWAL**

Surname .................................................... Given Name(s) .......................................................

Address .......................................................................................................................................

Suburb ................................................................ Postcode ...........................................................................

Telephone (H) .................................................... Mobile ..............................................................................

Email Address ...........................................................................................................................................................

Occupation ...............................................................................................................................................................

Pedigree Name of Dog(s)

1) ........................................................................ Tattoo/Microchip No...................................................................

2) ........................................................................ Tattoo/Microchip No...................................................................

Pet Name of Dog(s)

1. ........................................................................ 2) ......................................................................................

Vaccination Due ............................................

 FEES: Membership $70.00

 Training $90.00 or $ 110.00 (for 2 or more dogs)

 TOTAL $

**Payment Bank Details**

ACT German Shepherd Dog Assn Inc

BSB – 062 900

Account number – 00808004

Conformation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We wish to apply for membership with the above Association. I/We understand that my/our application may be refused. If the application is accepted I/We agree to comply with the rules, regulations, and by-laws of the Association. If my/our application is accepted, I/we understand that any fees are non-refundable.

Signed ..................................................................... Date ...........................

Office use only

Receipt No ......................................................... Membership No .......................................................................

Vaccination Sighted by ...................................... Nominated by ...........................................................................

Seconded by ......................................................