The Tracking Dog Club of S.A. Inc.

# Application for Membership

# or

Renewal of Membership

for 1st Nov 2023 to 31st Oct 2024

PLEASE PRINT CLEARLY

Joining Fee: $10.00  Single Membership $20.00  Family Membership $25.00 

Name(s) (Mr /Mrs / Ms) ............................................................................................................................................................

Address: ...................................................................................................................................................................................

....................................................................................................... Post Code: .....................................................................

Telephone No. Home: ................................................................. Mobile: ............................................................................

Email Address: ..........................................................................................................................................................................

SACA Member No: ..................................................................... Date (To-days) ...............................................................

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| --- | --- | --- | --- | --- |
| Name of Dog(s) | Pet Name | Breed: | Date of Birth | Sex |
| .................................................................... | ............................... | .......................................... | ............................ | ............ |
| .................................................................... | ............................... | .......................................... | ............................ | ............ |
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I/We hereby agree to observe and perform and in all aspects to conform to and be bound by the Constitution and Regulations of The Tracking Dog Club of S.A. Inc.

I/We indemnify The Tracking Dog Club of S.A. Inc. against any claim for damages to personal injury however caused.

Signature(s) ......................................................................................................................................

 Membership includes Electronic copy of Tracksure magazine.

 Give this form to: The Treasurer, Linda Castle

Mob: 0412 845 030 email: l\_castle@optusnet.com.au
Bank Transfer available BSB 105-034 Account 155 215 740 must Include full name on transfer
Membership not valid without payment AND a Form