



# APPLICATION FOR MEMBERSHIP

New Membership       Renewal of Membership

*(please tick one of the above boxes)*

## MEMBER DETAILS

Given Name/s		Family Name	
Address			
Suburb		Postcode	State
Telephone (h)	(w)	(m)	
Email			
CAWA Membership No. <i>(if applicable)</i>			

## PARTICULARS OF DOG

Registered Name	
Pet Name	Vaccination Date ____ / ____ / ____
Breed	Date of Birth <i>(estimate if unknown)</i> ____ / ____ / ____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	CAWA Registration No. <i>(if applicable)</i>

## ADDITIONAL DOG *(if applicable)*

Registered Name	
Pet Name	Vaccination Date ____ / ____ / ____
Breed	Date of Birth <i>(estimate if unknown)</i> ____ / ____ / ____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	CAWA Registration No. <i>(if applicable)</i>

## MEMBERSHIP FEES

Fees are due and payable at the commencement of each calendar year

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Joining Fee*      \$5.00     | Method of Payment                |
| <input type="checkbox"/> Single Membership    \$60.00 | <input type="checkbox"/> Cash    |
| <input type="checkbox"/> Family Membership    \$80.00 | <input type="checkbox"/> Cheque* |

*\*This applies to new and lapsed members only*

*\*Made payable to the  
Agility Club of Western Australia*

TOTAL DUE      \$ \_\_\_\_\_

*I hereby apply for membership with the Agility Club of Western Australia and agree to be bound by the rules and regulations which I have read and understood.*

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Administration Use Only

Vaccination Sited <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Effective Date ____ / ____ / ____	Membership No. _____
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Signature ..... Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_