

**BULLMASTIFF CLUB OF VICTORIA –
MEMBERSHIP FORM.**

Please fill in the details below – using BLOCK LETTERS.

PLEASE SEND COMPLETED FORM TO:

The Treasurer
The Bullmastiff Club of Vic Inc
PO Box 460, Greensborough VIC 3088

PEDIGREE/KENNEL PREFIX.....

MEMBER 1 : SURNAME:FIRST NAME:

MEMBER 2 : SURNAME:FIRST NAME:

ADDRESS:
.....

TELEPHONE: Home: Mobile:..... B/H: (optional)

EMAIL ADDRESS:

Please supply details of your dogs:

PEDIGREE NAMES:	BREEDER:	CALL NAME	BIRTHDAY

ARE YOU A MEMBER OF THE VCA? YES / NO
IF YES PLEASE PROVIDE YOUR MEMBER NUMBER

MEMBERSHIP IS DUE BY 28 FEBRUARY EACH YEAR.

CATEGORIES OF MEMBERSHIP:	SUBSCRIPTION	JOINING FEE
..... SINGLE (Full Year)	\$25.00	Nil
..... DUAL (Full Year)	\$30.00	Nil
..... JUNIOR (up to the age 16 years of age)	\$ 2.00	Nil
..... OVERSEAS MEMBERS Additional Postage	\$ 5.00	

Please mark category required

I/We enclose cheque payable to: The Bullmastiff Club of Victoria Inc. in the amount of \$.....

NOTE: “Period of Membership” in relation to a Member, denotes the twelve months terminating at midnight on the 28th February each year.

I/We hereby agree that upon approval of the above Application of Membership of The Bullmastiff Club of Victoria Inc., I/We shall strictly observe and act in conformity with and not otherwise that in accordance with The Constitution and By-Laws of the Club and Constitution and Rules and Regulations of the Victorian Canine Association Inc., and will uphold the honour of and use my/our best endeavors to further the objects of the Club.

Signed: Dated:/...../.....

Signed: Dated:/...../.....

OFFICIAL USE ONLY: DATE RECEIVED:

ISSUED BY: Initials DATE APPROVED: