

TRACKWEST DOG CLUB (INC)

MEMBERSHIP/RENEWAL FORM

Please send to:

The Treasurer
Mara Hope
77 Roberts Street
BAYSWATER WA 6053
Ph: 93710374



2010

DATE OF JOINING:...../...../.....(AS RECEIPTED BY THE TREASURER)

TYPE OF MEMBERSHIP: (Please tick)

NEW

Our Financial Year runs from
September to September.

January – June (Full)

New or Renewal.

July – September (Half)

New.

RENEWAL

NOMINATION FEE \$10

(Only payable once on joining club)

(+ Single or Family Membership)

Single \$25

FAMILY \$35

Membership No: _____

NAME _____ Ph: _____ (H)

CAWA No: _____ Ph: _____ (W)

Mobile: _____

ADDRESS _____

_____ P/C _____

E-mail Address _____

I/We hereby apply for membership and agree to be bound by TrackWest Dog Club (Inc) Rules and Regulations.

BEFORE YOU CAN ENTER A TRIAL, YOU AND YOUR DOG MUST BE FINANCIAL MEMBERS OF CAWA.

_____ Date _____

Applicant's Signature(s) and date.

PTO for adding your Dog/s information.