



**North Australian Canine Association (Inc)**

Trading as **DOGS NT**

A member Body of the Australian National Kennel Council

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[Email:naca1@bigpond.com](mailto:naca1@bigpond.com) [website: dogsnt.com.au](http://www.dogsnt.com.au)

**APPLICATION FOR NEW MEMBERSHIP**

Title/s	Surname/s	Christian Name/s	
Mr Mrs Ms Miss			
Residential Address (Must be Stated)		Suburb/Town	Postcode
Postal Address (If different from Above)		Suburb/Town	Postcode
Telephone Home		Telephone Business/Mobile	
Email Address:			

**PLEASE TICK THE APPROPRIATE BOX:**

SINGLE MEMBERSHIP including Joining Fee  \$107.50

JOINT MEMBERSHIP INCLUDING JOINING FEE  \$149.50

PENSIONER INCLUDING JOINING FEE  \$81.50

JOINT PENSIONER INCLUDING JOINING FEE  \$118.50

SENIOR HANDLER  \$41.00

JUNIOR HANDLER  \$15.50

ASSOCIATE MEMBER  \$15.50

**Date of Birth\* (1) / / (2) / /**  
**optional unless under 18 years of age, then required.**  
**Pension Card Number**

**Proof of identity and Residency** is required for all membership applications. Where an application for membership is NOT lodged in person a clear copy of one (1) form of photo identification for each person listed is to be attached to this application. Where the application IS lodged in person, the NACA Administrator will take copies of the identification. Where a person under 18 years does not have suitable identification, all details must be confirmed by an Adult with suitable identification. Any form of official photo identification will be acceptable ie, Drivers licence, Passport, 18+ card etc, providing the Name and address listed on the identification match those on the application for membership.

I/We hereby apply for membership of the North Australian Canine Association. I/We certify that the information contained in the form above is true and correct and that I/We have read the Rules and the Code of Ethics of the North Australian Canine Association and that I/We agree to be bound by them for the duration of my/our membership. I/We further certify that we are not disqualified or suspended members of any other Canine Controlling body, nor are there any outstanding matters of any kind between myself/us and any other Canine Controlling body under this or any other name/s.

**CHECKLIST:** ENSURE THE FOLLOWING ARE SUBMITTED

- Completed membership form with signed declarations
- Photocopy of aged pensioner card (if applicable)**
- Photo identification including proof of Residency**
- Appropriate fees**

**SIGNATURE/ (S): (1) (2) DATE: / /**

**TO PAY BY CREDIT CARD COMPLETE THE FOLLOWING:**

MASTERCARD VISACARD (TICK BOX)

CARD NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPIRY DATE: \_\_ / \_\_ / \_\_

NAME ON CARD: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_

**IF APPLYING FOR A JOINT MEMBERSHIP BOTH PARTIES MUST SIGN THIS APPLICATION**

Date Received:

Date Processed: