



North Australian Canine Association (Inc)

Trading as **DOGS NT**

A member Body of the Australian National Kennel Council

PO Box 37521, Winnellie NT 0821 Ph: 8984 3570

Email: naca1@bigpond.com website: dogsnt.com.au

APPLICATION FOR RENEWAL OF MEMBERSHIP – 20__

| | |
|--|-------------|
| EXISTING MEMBERSHIP NO | |
| TITLE & SURNAME (Dr / Mr / Mrs / Ms / Miss | Given Names |

| | |
|---------------------|-----------|
| RESIDENTIAL ADDRESS | POST CODE |
|---------------------|-----------|

| | |
|----------------|-----------|
| POSTAL ADDRESS | POST CODE |
|----------------|-----------|

| | |
|--------------|---------------|
| MOBILE PHONE | TELEPHONE (H) |
|--------------|---------------|

| |
|-------|
| Email |
|-------|

| |
|--|
| BREEDER'S PREFIX NAME (if applicable) |
|--|

| | | |
|---|-----|----|
| BREEDERS DETAILS ON DOGSNT WEBSITE FREE OF CHARGE | YES | NO |
| SPECIFY BREED: | | |

SIGNATURE/S: By signing this form you agree to abide by and be bound by the Constitution, Rules and Code of Ethics of DogsNT which can be found at www.dogsnt.com.au under: members info Constitution, Rules, Codes

| | | |
|-----------|-----------|------|
| SIGNATURE | SIGNATURE | DATE |
|-----------|-----------|------|

PLEASE TICK THE APPROPRIATE BOX:

| | | |
|--|--------------------------|----------|
| SINGLE MEMBERSHIP | <input type="checkbox"/> | \$82.00 |
| JOINT MEMBERSHIP | <input type="checkbox"/> | \$124.00 |
| PENSIONER | <input type="checkbox"/> | \$56.00 |
| JOINT PENSIONER | <input type="checkbox"/> | \$93.00 |
| SENIOR HANDLER | <input type="checkbox"/> | \$41.00 |
| JUNIOR HANDLER | <input type="checkbox"/> | \$15.50 |
| ASSOCIATE MEMBER | <input type="checkbox"/> | \$15.50 |
| BREEDER'S PREFIX (must be paid annually) | <input type="checkbox"/> | \$31.00 |

CHECKLIST: ENSURE THE FOLLOWING ARE SUBMITTED

- Completed membership form with signed declarations
- Photocopy of aged pensioner card (if applicable)
- Appropriate fees.
- Proof of Residency if change of address

****NOTE THAT YOU WILL NEED A SEPARATE FORM FOR EACH MEMBERSHIP RENEWED****

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__

OFFICE USE ONLY:

Date Received:

Date Processed: