**Membership Application/ Renewal Form**

*(Please send this membership application to The Assistant Secretary – Sharyn Wood*   
Sharynwood54@gmail.com

*and do a direct bank transfer to*

*The Country Griffon Bruxellois Club of NSW. BSB  -  012-559   (ANZ) Acc.No-  3890-43729*

*As reference please put your last name and the word “membership”*

I wish to join / renew membership of The Country Griffon Bruxellois Club of NSW Inc

**DATE of APPLICATION/RENEWAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| Name/s: |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: | | | |
| Phone | | | Mobile**:** |
| Email Address: | | | |
| I am a member of Dogs NSW -  Yes / No (circle one) | | Dogs NSW Number  (if applicable): | |
| I am a - Breeder / Exhibitor / Obedience, Rally, DWD or Agility Competitor / Pet Owner of a Griffon Bruxellois .  (Circle the one/s which apply to you) | | | |
| Name of breeder who bred your Griffons: | | | |
| Breeder Prefix: | Number of Griffons Owned | | |
| Names of Griffons: | | | |
| I wish to join this association because:*(only new members)* | | | |
| Membership Fee: $5.00 ***per person***. I enclose my / our fee of …………….……….for annual membership *(Several names may be on the form but adjust the fee accordingly)* | | | |
| I agree to abide by the Rules, Regulations Codes of Ethics and Conduct of this club  Signed: | | | |