

ACT BULL TERRIER CLUB Inc.

# MEMBERSHIP FORM

## **Name**……………………………………………………………………………………………………………………………………..

**Address**…………………………………………………………………………………………………………………………………

………………………………………………**Postcode**………………………… **Phone**………………………..

## **Signature**…………………………………………. **Date**……………………

**Kennel prefix**…………………………….. **Email**………………………………………………………...

**Annual Fee** $10-00 single ……………………………..

 $15-00 double/family ……………………………..

**Stud Register** $10-00 ……………………………..

**Cash …………………………**

**Please contact the Secretary by email or phone to receive the bank details.**