



Cocker Spaniel Club of the ACT Inc.

Application for Membership 23/24

I/We

Wish to **Join/Renew**, my/our membership of the Cocker Spaniel Club of the ACT inc.

Address:.....

.....Post Code

Phone Number: ().....Kennel Prefix:.....

Email:

Membership of the Cocker Spaniel Club of the ACT Inc is open to owners of registered Cocker Spaniel and members of their families. New Members please give details of your dog to enable full membership to be granted.

Dogs Name:.....Registration No.....

I/We agree to abide by the Constitution and Regulations or By-Laws as shall be in force from time to time.

I/We have read and agree to abide by the Code of Ethics of The Cocker Spaniel Club of ACT Inc.

I am/We are the registered owner/part owner of a registered Cocker Spaniel or a member of a household, one of whom is the owner/part owner of a registered Cocker Spaniel.

I give permission for photos of my dog/s or dogs I own in partnership, taken from Public Domain to be used for publication in the Newsletter for the Cocker Spaniel Club of ACT inc

Signed:.....Date:

MEMBERSHIP (1st July to 30th June) DUAL/FAMILY \$12 SINGLE \$10

Membership \$..... I/we also enclose a donation of \$.....

Total enclosed: \$ Payment type (please circle) cheque/cash/directdeposit

Direct Deposits can be made to: The Cocker Spaniel Club of ACT inc

BSB: 062 904 Ac: 00902719 Ref: subs/donation and your name or prefix

*Email your form with receipt of payment to The Secretary, Marcia Kingston
Email: kingsway1225@gmail.com Mobile: 0418 667 322*