Tenterfield Terrier Club of New South Wales Inc.

New Membership/Renewal Form



President: Chesea Pickering
E: chelsea.ruby2003@gmail.com

Secretary: Teila Morrison
E: kreelaparktt@outlook.com.com

☐Membership Application ☐Membership Renewal

Name: .....
Residential Address: .....
..... State: ..... Postcode: .....
Phone/s: ..... Kennel Prefix: .....
Email: ..... TTCNSW Member No:.....
DOGS NSW (or other state) Membership No: ..... *(If applicable)*

I agree to have club related Flyers, Important Notices and Newsletters emailed to me via my above email address ☐Yes ☐No

Please indicate the type of Membership required.

☐Family $30 (2 votes) ☐Single $15 (1 vote) ☐Associate $10 (No vote)

Associate Members are not entitled to vote or to take part in the proceedings of a General Meeting and are not eligible to hold office, but are entitled to exercise all other privileges of membership. – Taken from No. 25 Constitution of the Tenterfield Terrier Club of NSW Inc.

Family Member/s Details
Name: .....
No. of Children: .....
Age/s of children: .....
Once children reach the age of 18 and/or reside at a different address they are required to have their own membership.

☐ I hereby apply for membership to the Tenterfield Terrier Club of New South Wales Inc.
☐ I agree to abide by the rules and regulations set down by DOGS NSW, which have been accepted by the Tenterfield Terrier Club of NSW Inc.
Signed: .....
Date: ...../...../.....

*1. Fill out this form and send it to the Secretary (Email: kreelaparktt@outlook.com.) If you need to post this form you may request a mailing address. (*do not pay at this stage)*
2. Wait for a reply from the Secretary. If this is an Application for Membership the Secretary will need to be voted on for approval by members at the next meeting.
3. When notified by the Secretary make the relevant payment within fourteen days and you will be issued with a Membership Number and a receipt.

Club Bank Details:
Greater Bank
Acc. Name: Tenterfield Terrier Club of NSW
BSB: 637 000
Acc. No: 720856751
**** Please tag your deposit with your name**

** Office Use Only
Membership Number: ..... Receipt Number: .....