

The Papillon Dog Club of South Australia Inc.

Membership Application Form

Title Mr Mrs Ms Miss

First name _____ Surname _____

2nd member (if Double Membership)

Title Mr Mrs Ms Miss

First name _____ Surname _____

Address _____

Suburb _____ Postcode _____ State _____

Phone No. Home _____ Mobile _____

Email Address (PLEASE PRINT) _____

Dogs SA No. (or equivalent) if applicable _____

Kennel Prefix if applicable _____

Type of Membership	<input type="checkbox"/> Single (ordinary membership)	\$15	
	<input type="checkbox"/> Double (ordinary membership)	\$20	
	<input type="checkbox"/> Junior	\$5	
	Total		\$ _____

I/We wish to join The Papillon Dog Club of South Australia as a _____
(single/double/junior)
 member/s and agree to abide by the constitution, code of ethics and rules of The
 Papillon Dog Club of South Australia.

..... Date.....
 (Signature of Applicant/s)

Cheques made payable to "The Papillon Dog Club of South Australia"
 Mrs Alison Greenlees, 28/100 Sir James Hardy Way, Woodcroft, SA 5162

OR Direct Debit: The Papillon Club of South Australia
 BSB: 035 080
 Acc. #: 227650

Office use only			
Date of admission to club ____/____/____	Paid by: <input type="checkbox"/> Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Cash <input type="checkbox"/> Direct Debit <input type="checkbox"/> EFTPOS	Receipt # _____	Membership # _____