



# THE STAFFORDSHIRE BULL TERRIER CLUB OF VICTORIA INC

(Affiliated with Dogs Victoria)

## Membership Application or Renewal Financial Year 1st January – 31st December

### MEMBER / APPLICANT INFORMATION

Name:		
Email:		Phone:
Current Address:		
Suburb:	State:	Post Code:
Dogs Victoria or other affiliated Canine authority number: (if applicable)		Prefix: (if applicable)

MEMBERSHIP TYPE	ONE YEAR	TWO YEARS	
SINGLE	\$28	\$50	I/we the below signed agree to abide by the Rules and Regulations of the The Staffordshire Bull Terrier Club of Victoria Inc.
FAMILY/DUAL	\$33	\$60	
AGED PENSIONER (Proof required for new membership)	\$23	\$40	Signature: .....
JUNIOR (under 17)	\$5		Signature: .....
BREEDER REFERRED MEMBER (Single) (To be submitted by breeder)	\$20	PREFIX	Date ...../...../.....

<b>* STUD LISTING</b>	<i>* Stud and Breeder listings need to be members for 12 months</i>	<b>1 DOG \$15 PER YEAR 2 OR MORE DOGS \$10 PER YEAR</b>
Name of Dog/s:		<b>Please provide a copy of the following details:</b> <ul style="list-style-type: none"> <li>• Dogs registration form</li> <li>• Dogs health certificates (eg PHPV, HC, L2-HGA) if applicable</li> <li>• Photograph of said dog</li> </ul> Emailed to the SBTCV editor; <a href="mailto:koendidda@gmail.com">koendidda@gmail.com</a>

<b>* FREE BREEDERS LISTING</b>	<i>Proof of ACES eye screening certificate to be provided</i>	A photograph that represents the breeder may be provided This can be emailed to the SBTCV editor <a href="mailto:koendidda@gmail.com">koendidda@gmail.com</a>
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Prefix:	Phone:
Website:	
<b>Please provide alternative name/contact details if different to above</b>	

### PAYMENT DETAILS: A RECEIPT WILL BE ISSUED UPON REQUEST

Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Direct Credit	<input type="checkbox"/> Cheque
Name of card holder:	Card number:	Signature of card holder:	Account Name: SBTCV Inc BSB: 633 000 Account Number: 133209478  Please make payable to: Staffordshire Bull Terrier Club of Victoria Inc
Expiry date:	CVV:	Amount paid:	
			I would like to receive a receipt of payment

Print Form

Clear Form

Please return this form with payment to; The Secretary SBTCV INC. 2 Drum Close, Frankston, Victoria, 3199 or email The Secretary; [penniharrison1306@gmail.com](mailto:penniharrison1306@gmail.com)

