



MEMBERSHIP REGISTRATION FORM:
Please send to Sue Chaytor, Secretary, c/- 85A
Scott St, Cambridge 3432

Member's Personal Details

Full Name _____

Address: _____

Suburb/Town: _____ Postcode: _____

Phone (H): _____ Phone (W): _____

Phone (M): _____ Fax: _____

Email: _____

Breed/s: _____

Membership Type:

Family _____

Adult 18+years _____

Supporter _____

Junior Family Members

Name _____ Age _____

Name _____ Age _____

Membership fee is _____ \$5 _____

Due/Renewable Jan each
year. _____ ☺ _____
