



Est. 1976

MEMBERSHIP APPLICATION/RENEWAL

2024/2025

*NAME 1:

*NAME 2:

*ADDRESS:

*ADDRESS:

*SUBURB:

*SUBURB:

*STATE

POST CODE

*STATE

POST CODE

*TELEPHONE:

*TELEPHONE:

*E-MAIL:

*E-MAIL:

*DOGS NSW MEMBER NO:

*OTHER STATE MEMBER NO:

*KENNEL/BREEDER'S PREFIX:

***DO YOU WISH YOUR DETAILS TO BE PROVIDED TO DOGS NSW? YES / NO (please circle)**

* DENOTES REQUIRED INFORMATION AND MUST BE COMPLETED

MEMBERSHIP FEES

<u>Category</u>	<u>1 Year</u>
Joining Fee	\$20.00
Single Membership:	\$30.00
Dual Membership:	\$40.00
Junior Membership (7-16 yrs) :	\$10.00

PAYMENT

I/We have paid *\$ _____ for the Category of (please circle) **Single/Dual/Junior** Membership (including the Joining Fee if applicable) for **1 Year** and have completed the form on the reverse side.

CHECK LIST

Membership Renewal Form to: The Saint Bernard Club Inc PO Box 162 WANGI WANGI NSW 2267

Complete and Sign the pdf , and return email to secretary@stbernard.org.au

Make cheque/money order payable to: The Saint Bernard Club Inc (attached to form)

SE NOTE

Bank Deposit: Bendigo Bank: Berrima District Credit Union
Account Name: The Saint Bernard Club Inc
BSB: 633108 Acc #: 200097095

REF: 'YOUR SURNAME—membership year'

PLEASE NOTE

**ANNUAL FEES ARE DUE BY
THE
30TH JUNE EACH YEAR.**

DECLARATION

I declare that I am eligible for Membership a in accordance with the Constitution of The Saint Bernard Club Inc and agree to abide by all the rules set out therein. I also agree to abide by the rules and regulations stipulated by Dogs NSW.

Signature*:

Date*:

