

QUEENSLAND SIGHTHOUND ASSOCIATION

**APPLICATION FOR MEMBERSHIP**

Send applications to Please Tick applicable box

Queensland Sighthound Association RENEWAL

36-42 Pennine Dr

Nth Maclean. QLD 4280 NEW

qsa.enquiry@hotmail.com

Title: ................ Surname: .......................................... Given Name: ..........................................

(CCC(Q) or Affiliated Organisation Membership No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: ................ Surname: .......................................... Given Name: ..........................................

(CCC(Q) or Affiliated Organisation Membership No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: ........................................................ Suburb: .......................................... Post Code: ............

Phone: (home) .................................... (mobile) .......................................

Email: ....................................................................................................................................................

(Please print clearly)

**PLEASE NOTE JOINT MEMBERSHIPS ARE ONLY APPLICABLE FOR THE SAME RESIDENTIAL ADDRESS**

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| MEMBERSHIP CATEGORY DESIRED: |
| SINGLE$15.00 | JOINT$25.00 |

(Please circle which is applicable)

Breeds Owned.......................................................................................................................................

I/We hereby apply for membership of the Queensland Sighthound Association and certify that the information contained in the form above is true and correct and that I/We have read the Rules and the Code of Ethics of the QSA and that I/We agree to be bound by them for the duration of my/our membership. I/We further certify that we are not disqualified or suspended members of any other Canine Controlling body, nor are there any outstanding matters of any kind between myself/us and any other Canine Controlling body. I/We acknowledge that by signing this form I am/we are over 18 years of age.

SIGNATURE(S) (1) ....................................................... (2) .....................................................................................

IF APPLYING FOR JOINT MEMBERSHIP BOTH PARTIES MUST SIGN

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| --- |
| OFFICE USE ONLYDate received: .................................................... Receipt no: .......................................................... SM ......... JM ............Membership No: ................................................  |