TASMANIAN CANINE ASSOCIATION INC.

APPLICATION FOR JUNIOR MEMBERSHIP

I/we hereby apply for membership of the Tasmanian Canine Association Inc. and, in consideration of its acceptance for admission as a member(s), I/we hereby agree to observe and perform and in all respects to conform to and be bound by the Constitution, Rules and Regulations for the time being in force and to conform to the Code of Ethics for Responsible Dog Ownership as published and amended from time to time in the "TCA Inc. Gazette"

Mr./Mrs./Miss./Ms.

Name_____

Address_____

Suburb_____**PC**_____

P/h.no._____**E-Mail address**_____

Previous Membership No. **Date of birth if under 18 years:**_____/____/_____
(TCA Inc. or Interstate)

WAIVER:
I understand and acknowledge that exhibiting dogs can, at times, be a hazardous activity, and that dogs can act in a sudden and unpredictable (changeable) way, especially (but not limited to) when they are frightened or hurt.

I further understand and acknowledge that personal injury may result from exhibiting dogs and/or whilst I may be at or on premises or property owned or in the possession or control of the Tasmanian Canine Association Inc and I hereby agree that I participate and/or attend such premises or property at my own risk. In so participating and/or attending, I hereby waive any and all right(s) to legal action, including all claims, disputes, demands, suits or proceedings, for damages or otherwise against the Tasmanian Canine Association Inc.

I am the Parent/Legal Guardian of _____and I accept full responsibility for him/her while attending TCA Inc Sanctioned events.

_____ **Parent/GuardianSignature/s**

_____**TCA Inc Membership Number Parent/Guardian**

Date_____

Amount remitted: $_____

Junior Member – Handler only	**$ 31.00**
Junior Member – Owning a dog	**$ 58.00**

(All Fees are inclusive of GST)

Pension Number_____**(Copy of current concession card required)**

P.O. Box 116, Glenorchy. Tas. 7010 Phone (03) 62 72 9443 (10 a.m. - 2.00 p.m.) Fax 0362730844
E-mail: admin@tasdogs.com

PAYMENT BY CREDIT CARD

Please debit my Mastercard Visa For the amount of $_____

Card expiry date _____/_____CVC Number_____(Last 3 digits on reverse of card)

Card Holder Name: _____

Signature: _____