



APPLICATION FOR 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: _____

Postal Address _____

Residential Address (if different from postal 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.

	Signature/s	Date
Joining Fee (all new members or members re-joining)	\$ 30.00	
Ordinary Membership	\$ 92.00	
Second member in partnership	\$ 57.00	Amount remitted: \$ _____
Pensioner Membership	\$ 62.00	
Junior Member – Handler only	\$ 34.00	
Junior Member – Owning a dog	\$ 62.00	
Associate Member	\$16.00	

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)

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Card Holder Name: _____

Signature: _____