Irish Wolfhound Club of Victoria Inc. Affiliated with Victorian Canine Association Inc. [A0028643M]

Membership Application/Renewal Form

1 July 2023 to 30 June 2024

Name(s):			
Address:			
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Email Address			
Phone: BH/AH ()	e		
Please note that Club correspondence, including the quarterly Club Magazine For members who do not have reliable internet access (remote sites) or an posted to you instead. The annual cost for a printed copy of CU Magazine wi Please tick this box if this applies to you:	n email addı	ess, the Club M	agazine can be
In the event of my/our admission as a member(s) of the Irish Wolfhound Clubby the Rules, Regulations, By-laws and Code of Ethics of the Irish Wolfhound Constitution, Rules and Regulations of the Victorian Canine Association Inc. the event of a litter being bred by me/us, I/ we agree to verify the parentage of sire and puppies, and to have the litter tested for Porto –Systemic Shunt (PSS)	nd Club of Vi for the dura of the litter th	ictoria Inc., and t tion of my/our m	he embership. In
Signature/s:			
Please Circle Category of Membership you are Applying/Paying for:	Single	Dual/Family /Syndicate	Amount Due
Joining Fee (<u>New members only</u> , one off payment) <u>Plus</u> choose one of the options below which apply to you	\$16.00	\$16.00	
Victorian Resident, Non VCA* Member	\$30.00	\$44.00	
• Includes compulsory VCA* insurance levy Victorian Resident & VCA* Member	\$22.00	\$27.50	
 Compulsory insurance covered by VCA* membership fees VCA* Membership Number			
Non-Victorian Australian Resident	\$22.00	\$27.50	
Overseas Resident	\$33.00	\$33.00	
Hard Copy (printed copy) of CU Magazine annually (via post)	\$40.00	\$40.00	
		TOTAL	\$
*VCA = Victorian Canine Association, trading as Dogs Victoria Payment Method: (please tick) Bank Transfer: BSB: 063-891 Account Number: 1008-1524 IRIS Please include your Surname in the Reference field to enable reconce Date Funds Ti Cheque: Please make payable to: "Irish Wolfhound Club of Victoria"	ciliation of fur ransferred:	nds received	
Credit Card: Mastercard Visa			
For the amount of \$ Exp:	/	CCV:	
Cardholders' Name:Signature:			

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Please forward completed and signed application to:

K. O'BRIEN (SECRETARY) 42 MOLESWORTH STREET, GLENLYON, VICTORIA 3461 or email a scanned copy to kathrynobrien23@hotmail.com

Applications for membership received and accepted after 1 April 2023 will remain valid until 30 June 2024. Renewal applications are due 30 June each year. Applications received after 1 August will be considered as lapsed/new memberships and the New Members Joining Fee will apply.

Committee Use Only:

Date Form Received	Date Funds Received	Date Accepted by Committee	Signed Secretary