THE GERMAN SHEPHERD DOG CLUB OF S.A. INC.
Return to: The Secretary, G.S.D.C. of S.A. Inc.,
PO Box 714 GLENELG SA 5045

APPLICATION FOR BREEDERS DIRECTORY

I/We hereby agree to only breed litters, which are bred within the guidelines of the Recommended Breeding Practices of the German Shepherd Dog Club of SA Inc. ("the Club") and are aware of the penalties that can and may be applied to a false declaration as per the Recommended Breeding Practices. *I/We hereby accept that inclusion on the Breeders Directory is at the discretion of the Committee of the Club and that the Committee may remove the listing at any time providing that notice and reasons are given. Once accepted by the Committee I acknowledge that I will not be eligible for any refund of money if the listing is removed.*

Signature ………………………………………………………………… DATE: ..../........./...........

The field marked with an ***** will **not** be published on the Club website or given out to non-members of the Club. Only the suburb in which you live in will be published.

Please complete the following details using block letters:

Kennel Prefix:	……………………………………………………………………………
Name(s):	…………………………………………..............…………………………………………
*Address:	……………………………………………………………………………………
Suburb:	……………………………. Postcode ……………
Telephone	……………………… Mobile: ………………………
Fax:	……………………… Email Address: ……………………………………………………

For the renewal of your current listing a fee of **$40.00** is payable **by the 31 October**. Your current listing will expire on the 31 October and will be removed if the declaration and fee is not received. New listings will be accepted at any time with the fee and signed declaration.

Listings and changes to Breeders and Stud Dog Directories may take up to 5 working days to be uploaded

Please forward payment to the address above. If paying by Credit Card please complete your details below.

CREDIT CARD PAYMENT
Please Note: *We cannot accept Diners or American Express*

Credit Card number		Circle appropriate card		
		VISA	MASTERCARD	BANKCARD

Name as shown on Credit Card		Expiry Date	

CVN (3 digit number of reverse side of credit card)	

Signature …………………………… Amount $ …………………