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 S A 5045
email: secretary@gsdcsa.org.au

MEMBERSHIP RENEWAL/CHANGE OF ADDRESS FORM 2017-2018

Please complete the following details using block letters:

I/We (**Surname**) .....

Mr .....

Mrs/Ms .....

Miss .....

Master .....
(Please state children's age's)

Address: .....

..... ***Postcode:*** .....

Telephone: ..... ***Mobile's:*** .....

Fax: ..... **Email Address:** .....

Occupation: .....

No. of German Shepherds .....

Purchased from *(name of breeder's Prefix)* .....

Shepherd News: Now only available on the Club website Club Website: www.gsdcsa.org.au

Interests: Show: ☐ Obedience/Agility: ☐

For Obedience Only

Pet Name of your Dog: .....

I/We hereby apply for renewal of membership of The German Shepherd Dog Club of S.A. Inc., and agree to my name being submitted to the Committee for Acceptance or rejection. If accepted for Membership, I agree to be bound by the Rules and Constitution of the German Shepherd Dog Club of S.A. Inc.. Once accepted by the Committee I acknowledge that I will not be eligible for any refund of money if I should resign from the Club. I agree that the only personal details to be distributed will be my telephone and email contact details. Physical address details will not be supplied.

Signature/'s: ..... DATE: ...../...../.....

RENEWAL FORM AND PAYMENT REQUIRED BY THE COB 31 OCTOBER 2017

MEMBERSHIP FEES

Life: $22.00 (Quarterly Mag)	**Family**	**Single**	**Junior**	**Single Pensioner**	**Family Pensioner**
Annual Fee & Quarterly Magazine	$95.00	$87.00	$62.00	$67.00	$72.00
TOTAL	**$95.00**	**$87.00**	**$62.00**	**$67.00**	**$72.00**

Please Circle the applicable Membership

CLUB USE ONLY:	**Receipt No:**	**Membership No:**	**Pension No:**
DATE: ...../...../.....			

CREDIT CARD PAYMENT (for mailed or emailed payments only)

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 $ .....