



STAFFORDSHIRE BULL TERRIER CLUB OF WESTERN AUSTRALIA

NEW MEMBERSHIP/ RENEWAL OF MEMBERSHIP / Applicant information

| | | |
|--|--------|-------------------------|
| Name: | | |
| Email: | | Phone: |
| Current Address: | | |
| City: | State: | Post Code: |
| Dogs West or other affiliated Canine authority number: (if applicable) | | Prefix: (if applicable) |

Membership Details

| Membership Type | One Year (tick check box) | Two Years (tick check box) |
|-----------------------------|-------------------------------|-------------------------------|
| DOUBLE MEMBERSHIP | \$35 <input type="checkbox"/> | \$70 <input type="checkbox"/> |
| SINGLE/ ORDINARY MEMBERSHIP | \$30 <input type="checkbox"/> | \$60 <input type="checkbox"/> |

** ordinary membership is available to all ANKC registered owners of Staffordshire Bull Terrier/s. This entitles members to full voting privileges at SBTCWA AGM, entry into Club Pointscore competition and Member's entry fees to SBTCWA Open and Championship Shows.

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| breeders listing \$15 <input type="checkbox"/> | A photograph that represents the breeder to be sent to Liz Findlater via email; sbtcwamembershipenquiries@yahoo.com |
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|---------|--------|
| Prefix: | Phone: |
|---------|--------|

Website:

Please provide alternative name/contact details if different to above

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| Stud listing <input type="checkbox"/> |
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|----------------|---|
| Name of Dog/s: | <p>1 Dog \$15 - 2 or More Dogs \$10</p> <p>Please provide a copy of the following details:</p> <ul style="list-style-type: none"> Dogs registration form Dogs health certificates (eg PHPV, HC, L2-HGA) if applicable Photograph of said dog <p>Please submit this information to Liz Findlater via email; sbtcwamembershipenquiries@yahoo.com</p> |
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For both Breeder & Stud Register \$30 per year with any additional dog at \$10, please complete both Breeder and Stud Register details above.

| YOUR STAFFORD DETAILS | | PAYMENT DETAILS | |
|---------------------------------|------|---|------------------------------------|
| Pet Name: | DOB: | Direct Credit <input type="checkbox"/> | Cheque <input type="checkbox"/> |
| Pedigree Name: | Sex: | Account Name: SBTCWA Inc | Please make payable to: SBTCWA Inc |
| Sire: | Dam: | BSB: 036-009 | Account Number: 174001 |
| Registered Owner (as per ANKC): | | I would like to receive a receipt of payment <input type="checkbox"/> | |
| Pet Name: | DOB: | NOMINATION | |
| Pedigree Name: | Sex: | Nominated by: | Seconded by: |
| Sire: | Dam: | *Club member name | *Committee member: When received |
| Registered Owner (as per ANKC): | | Signed by applicant: | Date: |

POST TO: SBTCWA, 4 Candeloro Rd, Canning Vale 6155 or email sbtcwamembershipenquiries@yahoo.com

