**QUEENSLAND SIGHTHOUND ASSOCIATION**

**APPLICATION FOR MEMBERSHIP/RENEWAL**

Send applications/renewals to:

Secretary Email: qsa.enquiry@hotmail.com

Queensland Sighthound Association

11 Avalon Close

Bellbird Park QLD 4300

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |       | Surname |       | Given Name |       |
| Dog Queensland (or Affliliate) Membership No. |       |
| Title |       | Surname |       | Given Name |       |
| Dog Queensland (or Affliliate) Membership No. |       |
| Address |       |
| Suburb |       | State |       | Postcode |       |
| Phone – Home |       | Work |       | Mobile |       |
| Email |       |

***PLEASE NOTE: Joint memberships are only applicable for the same residential address***

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| **Membership Category** |
| [ ]  Single | [ ]  Joint |
| Single Membership: $15.00  | Joint Membership: $25.00 |

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| Breeds Owned |       |

I/We hereby apply for membership of the Queensland Sighthound Association and certify that the information contained in the form above is true and correct and that I/We have read the Rules and the Code of Ethics of the QSA and that I/We agree to be bound by them for the duration of my/our membership. I/We further certify that we are not disqualified or suspended members of any other Canine Controlling body, nor are there any outstanding matters of any kind between myself/us and any other Canine Controlling body. I/We acknowledge that by signing this form I am/we are over 18 years of age.

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| Signatures (1) |  |  | (2) |  |

***If applying for joint membership both parties must sign***

Membership fees may be paid by cash, cheque or deposited into the club’s bank account below:

**Bank Details BSB 034130 Acc.No. 219292**

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| OFFICE USE ONLYDate received: ....................................................... Receipt no: ............................................................ SM ........... JM ..............Membership No: ..................................................  |