**QUEENSLAND SIGHTHOUND ASSOCIATION**

**APPLICATION FOR MEMBERSHIP**

Send applications to:

Secretary Email: qsa.enquiry@hotmail.com

Queensland Sighthound Association

11 Avalon Close

Bellbird Park QLD 4300

Title: ................ Surname: .......................................... Given Name: ..........................................

(CCC(Q) or Affiliated Organisation Membership No.)

Title: ................ Surname: .......................................... Given Name: ..........................................

(CCC(Q) or Affiliated Organisation Membership No.)

Address: ........................................................ Suburb: .......................................... Post Code: ............

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 |

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.

SIGNATURE(S) (1) ......................................................... (2) .....................................................................................

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

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