



VICTORIAN HERDING ASSOCIATION Inc. MEMBERSHIP APPLICATION

RECEIPT No:

Applicant's Name/s: _____

Address: _____

Town : _____ State: _____ Postcode: _____

Phone: (AH): () _____ (BH): () _____

Phone: (MOB): _____

Email: _____

(Newsletter by Email Y/N)

Kennel Prefix: _____

Breed: _____

I/We wish to become members of The Victorian herding Association Inc. (herein after called the "CLUB")
In the event of my/our admission as Members I/We agree to be bound by the Constitution, Rules, Bylaws
and Code of Ethics of the Victorian Canine Association (Dogs Victoria) and the Rules and Bylaws of the
Club for the time being in force.

I/We also acknowledge that at all times I/We shall be wholly and totally responsible for the care, wellbeing,
health and actions of any dog owned or under our charge at any Club activity.

Membership Category:

 SINGLE
(\$15.00) FAMILY
(\$20.00) JUNIOR
(\$10.00) CONCESSION/SENIOR
(\$10.00)VCA Member Y N Number : _____

Non VCA Members please add insurance levy \$8.00

Signature of Applicant/s: _____ Date: __/__/____

Paid Fees: \$ _____ Cash Cheque MO

Cheque Number: _____ Bank: _____

Payment received by _____ Entered in Register: _____ Date: __/__/____

Payment to: **The Treasurer,
Victorian Herding Association
P.O. Box 8487 Carrum Downs
Victoria 3201**

**THANK YOU FOR YOUR INTEREST IN JOINING THE VICTORIAN HERDING ASSOCIATION
WE HOPE THAT YOU ENJOY YOUR AFFILIATION WITH US**