**THE AUSTRALIAN TERRIER CLUB OF SOUTH AUSTRALIA INC.**



***Please complete your details  
 and forward this form   
with the required amount to:***



***The Treasurer,*Australian Terrier Club of S.A.,   
1 Boorong Court,   
PORT NOARLUNGA, South Australia 5167**

**I/We wish to apply for renewal/new membership   
of the club for OCTOBER 20… …./SEPTEMBER 20……**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Address** |  | | | | | |
|  |  | | | | | |
|  | **Postcode:** | | | | | |
| **Phone:** |  | | | | | |
| **If a member of:** | **State: Canine Assoc.No.:** | | | | | |
| **Email  (Club notices only)** |  | | | | | |
| **Subscription** | **Single:** | | **$15.00** | | | |
| **Rates:** | **Double** | | **$20.00** | | | |
|  | **Associate (no AUSSIE NEWS)** | | **$ 7.50** | | | |
| ***(please*** | **Overseas:** | | **$27.00** | | | |
| ***circle)*** | **Kennel Listing** | | **$10.00** | | | |
|  | **Australian Terriers** | | **free** | | | |
| **BANK OF STH AUST [*Bank Deposit*) BSB 105-900 a/c 1335 000 40** | | | | | |
| **Date received:** | | | **Receipt No :** | |  | |

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