

GunDog Club of WA

Membership Form

Name: _____

CAWA Membership Number: _____

Address: _____

Postcode: _____

Phone Number: _____ Mobile: _____

Email: _____

Kennel Name: _____

Breed/s: _____

Membership Type		
	New	Renewal
Single		
Family		

Areas Of Interest	
Conformation	
Retrieving	
Field Trials	
Obedience	
Other (please specify)	

Cost:

Single: \$10

Family: \$15

Amount Enclosed: \$ _____

Please make cheques payable to the GunDog Club of WA

I/We hereby apply for membership and agree to be bound by the GunDog Club of WA Rules and Regulations.

Applicant's Signature(s)

Date

Please send to:

The Treasurer

Glenice McClure

Lot 216 Passmore Street

Southern River, WA, 6110