

CAIRNS CITY KENNEL CLUB INC

P.O. Box 252 CAIRNS 4870.

Web Address: www.cairnscitykennelclub.org

Email: secretary@cairnscitykennelclub.org

(Canine Control Council of Queensland)

APPLICATION FOR MEMBERSHIP / RENEWAL OF MEMBERSHIP / CHANGE OF DETAILS.

TITLE (eg Mr)	SURNAME	CHRISTIAN NAME	OCCUPATION

EMAIL – Do you have an email address ? - Yes / No. (Please circle)

*****NOTE: IF YES AND YOU WISH TO RECIEVE INFORMATION FROM THE CLUB (including function invitations) please go to www.cairnscitykennelclub.org and click on MEMBER’S EMAIL SUBSCRIBE and complete details.**

EMAIL ADDRESS:

HOME ADDRESS: _____

Postcode: _____

MOBILE PHONE: _____ **HOME PHONE:** _____ **WORK PHONE:** _____

MEMBERSHIP APPLIED FOR / RENEWING – FEES HEREWITH (please circle)

Single	\$10.00	Double	\$15.00	Life
Junior	\$5.00	Family	\$20.00	

Club activities interested in. (Please circle appropriate): Bench (Showing); Obedience; Agility; Social
Are you a current member of Canine Control Council (Qld) or equivalent body Yes / No - If yes:

MEMBERSHIP NO: _____ **STATE:** _____

If you are the holder of a current Registered Prefix issued by the Canine Control Council (Qld) or

equivalent body: PREFIX NAME: _____

PARTICULARS OF DOG/S OWNED

BREED	REGISTRATION NO.	SEX
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MEETINGS:

Ordinary General Meetings of the club are held on the 2nd Wednesday of each month (except December and January) at 7.00p.m. at the Quigley Street entrance of the Cairns Showgrounds. The Annual General Meeting will be held on the last Wednesday of January at 7.30p.m.. All members welcome.

DECLARATION: (Life members or for details change member only required to sign and date.)

I/We hereby apply to join/renew membership of the Cairns City Kennel Club Inc and agree to be bound by its Rules of Association and the Constitution and Regulations of the Canine Control Council (Qld.).

Signature/s: _____ **Date:** _____, 2012

Proposed by(name): _____ **Signature:** _____

Seconded by (name): _____ **Signature:** _____