

AMERICAN STAFFORDSHIRE TERRIER CLUB OF QLD INC.

MEMBERSHIP FORM



Name: _____ D.O.B: _____

Address: _____

Suburb: _____ Post Code: _____

Phone No: _____ Mobile: _____

Email: _____

CCC Membership No.: _____ Prefix: _____

Website: _____

Membership Rates

All membership rates are for one year. Renewals are due 31st Dec each year.

Single \$15

Junior \$5

Family \$20

Overseas \$10

Pensioners \$5

I/ We wish to put forward my/ our name/s for membership/ renewal of membership to the American Staffordshire Terrier Club of Qld Inc. I/ We undertake to abide by the Code of Ethics of the American Staffordshire Terrier Club of Qld Inc at all times.

Signature: _____ Date: _____

Introduced By: _____

Please make all cheques payable to the American Staffordshire Terrier Club of Qld Inc.

Direct Deposit Details:

Bank: Commonwealth

Name: American Staffordshire Terrier Club of Qld Inc.

BSB: 064 413

A/C #: 1015 3583

Please use your Surname as reference for all deposits, and email the Secretary advising of deposit. If no email or Surname is used, the Club will consider your deposit as a donation

Forward Membership Form to: **American Staffordshire Terrier Club of Qld Inc.**

The Secretary

PO Box 908

Jimboomba QLD 4280

QASTA USE ONLY _____

Received: _____ Nominated By: _____

Accepted: _____ Seconded By: _____

Year Ending: _____

All Correspondence to:

The Secretary

PO Box 908

Jimboomba QLD 4280