



American Staffordshire Terrier Club of QLD Inc.

Po Box 908
Jimboomba QLD 4280
info@astcq.com
www.astcq.com

MEMBERSHIP FORM

Name 1: _____

Name 2: _____

Address: _____

Suburb: _____ Post Code: _____

Email: _____
Please nominate one email address for all correspondence to be sent to.

Phone Number/s: Name 1: _____ Name 2: _____

DogsQLD Membership #: _____
Or your state body equivalent

Membership Rates

All membership rates are for one year. Renewals are due on the 31st of December each year.

Single: \$20.00

Family: \$25.00

Pensioner: \$10.00

Associate: \$10.00

Please note: Associate Membership ~ Non Queensland residents only, no voting rights.
Pensioner Membership ~ You must include a photocopy of your Pensioner Card.

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 and Club Constitution of the American Staffordshire Terrier Club of QLD Inc. at all times.

Signed 1: _____ Date: ____/____/____

Signed 2: _____ Date: ____/____/____

Introduced by: _____

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

Direct Deposit Details:

Bank: Commonwealth Bank

Name: American Staffordshire Terrier Club of Qld Inc.

BSB: 064 413

Account Number: 1015 3583

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

Forward Membership Form to: ASTCQ Inc.
Po Box 908
Jimboomba QLD 4280

Or Email to: info@astcq.com

ASTCQ USE ONLY-----

Date Form Received: ____/____/____ Meeting Date: ____/____/____ Date Pack Sent: ____/____/____

Membership: (Circle one) Approved Denied

Nominated By: _____ Seconded By: _____