

Renewals Are Due 1st July of each Year

**CAVALIER KING CHARLES SPANIEL
CLUB OF VICTORIA INC**
(Affiliated with the Victorian Canine Association INC)

Office Use - Year: _____

Receipt Number: _____

COMPLIMENTARY MEMBERSHIP FORM

New Associate Membership

Junior/Student

Pensioner

Single

Nominated by: _____
(Name in Block Letters)

Signature of Nominator: _____
Nominator must be a financial member of the CKCS Club of Vic INC

Kennel Name: _____

New puppy owners nominated by their breeder will get a complimentary limited membership for the current year which includes Newsletters and eligibility to enter Members Comps and Fun Days – Other membership rights do not apply.

I wish to accept the complimentary membership of the Cavalier King Charles Spaniel Club of Victoria INC.
I agree to abide by the Clubs' Code of Ethics, Rules and By Laws. (Available on the Club Website.)

Signature: _____ Date: / /

Membership is pro rata from April.

Mr/Mrs/Ms/Miss Surname: _____ First Name: _____

Canine Association Membership No.: _____ Prefix (if applic): _____

Membership Category: _____ Student/Pensioner No. (if applic): _____

Postal Address: _____

Email Address: _____ Postcode: _____

Email Address: _____

Phone (Home): _____ Phone (Work): _____ (Mobile): _____

My interest in Cavaliers is ☐ Showing ☐ Breeding ☐ Obedience/Agility
 ☐ Pet ☐ Other (Specify) _____

Please send completed form to:

Membership Secretary: Jan Kelly 1 Roberts Street BRUNSWICK EAST VIC 3057
membership@cavalierclubvictoria.com H) 03 9380 5706 M) 0437 570 650

Please note: Membership year is from 1st July to 30th June of the following year.

Resigned Date: _____