



The Golden Retriever Club of South Australia Inc.

Membership Application Form - Community Visitors Scheme

Application for: New Membership

Club Use Only:

Date Received:

NAME & ADDRESS:

Title: _____ Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Email Address: (**Print Clearly**) _____

Phone Number (Wk/Hm) _____ Mobile: _____

Areas of interest?: Retrieving Social Showing Breeding Obedience CVS/Therapy Dancing Pet

Breed of Dog: _____

Please indicate if you wish to receive The Golden Era: Y N

Have you previously been a member of the Golden Retriever Club of SA? Yes / No

Membership type: Single

Signature: _____

Date: ____ / ____ / ____

Caring Canine Companions membership is paid by the Community Visitors Scheme.

**Please return this form to Caring Canine Companions
PO Box 592, McLaren Vale SA 5171**

This form MUST be accompanied by your Volunteer Application and Profile Form.

The section below will be completed by your Co-ordinator.

New Members Only: It is necessary for you to be nominated by a member of the GRCSA with two (2) or more years standing, your Co-Ordinator will do this for you.

I, _____ being a financial member of the GRCSA for the last two (2) consecutive years
(print name)

propose _____ as a member: _____
(print name) Signed: (Nominator)

Office Use Only:

Copy sent to: Treasurer:
Caring Canines Admin:
Membership Officer:

