

## The Golden Retriever Club of South Australia Inc. Application for New Membership

## Aged Care Volunteer Visitors Scheme – Caring Canine Companions Volunteer Visitor

NAME:			
Title:	Name:	Surname:	
ADDRESS:			
Postal Address:			
Suburb:			
State:	Post Code:		
Email Address: ( <i>Print Clearly</i> )			
Phone Number:		Mobile:	
Breed of Dog:		Dog's Nam	e:
Do you wish to receive the Golden Retriever Club Newsletter "The Golden Era"? Yes $\Box$ No $\Box$			
Do you breed Golden Retrievers? Yes 🗆 No 🗆			
I hereby apply for Membership of the GRCSA Inc and agree to abide by the Constitution, Code of Ethics and By-Laws of the GRCSA Inc and the Code of Ethics of Dogs SA. I also agree to be party only to honourable dealings which will reflect favourably on the breed and the Club.			
Signature:			Date:
No GRCSA membership fee is payable upon being accepted as an ACVVS-CCC volunteer visitor. Please return this form to: Caring Canine Companions PO Box 186 WELLAND SA 5007 Or via Email: caringcaninecompanions@hotmail.com			
Office Use Only			
CVS Coordinato		Signature:	Date:
<ul><li>Treasu</li><li>Memb</li></ul>	rer ership Officer		nine Companions Administration r Editor if required

