

Name(s):			
CAWA Mem	ıbership N	umber(s):	
Address:			
Postcode: Phone Number:		_ Phone Numb	er: Mobile:
Kennel Name/Prefix:			Email:
Breed/s:			
			Areas of Interest
Membership Type			Conformation
	New	Renewal	Retrieving
Single \$15			Field Trials
Double \$15			Obedience
			Other (please specify)
Amount En	closed: \$		
**Bank Tra Reference			WA (Inc) BSB: 066 108 Account Number: 0090 3006
Email form	with copy o	of payment receip	ot to - The Treasurer GDCWA- blackboykennels@bigpond.com
Please make Send with fo	orm to: T L	oayable to: Gund he Treasurer ot 216 Passmore outhern River 61	
-			hip and agree to be bound by - Rules and Regulations".
Applicant S	ignature(s)	