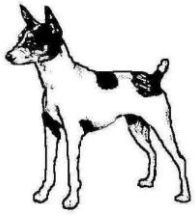
THE TENTERFIELD TERRIER CLUB OF QUEENSLAND INC.
Membership Form



Name(s) _____ _____

Address _____

Telephone _____ Mobile _____

Email (required for newsletters)_____

Membership No: _____ Prefix _____

Membership Rates

☐ Family $25.00 ☐ Single $20.00 ☐ Interstate Member $10.00

☐ Annual Advertising Fee (Newsletter and Website) $30.00

Confirmation

I/we wish to put forward my/our name/s for membership/renewal of membership to the Tenterfield Terrier Club of Qld Inc. I/we undertake to abide by the Code of Ethics of the Tenterfield Terrier Club of Qld Inc at all times.

Signed _____ **Date** _____

Payment

Please make payment via Direct Deposit to the following account:

Account Tenterfield Terrier Club of QLD

BSB 124401 **Account Number** 11366901

Please use your surname as a reference and forward all correspondence to the Treasurer as detailed below

Treasurer Robyn Ladlow **Email** tentys101@outlook.com

Phone 0439111142 **Address** (Please email for details if required)

President Jenny Chambers (07) 5476 3588
Secretary Mary Holt (07) 5494 9993

One Year Complimentary Membership
Breeder _____ TTCQ Membership # _____
Name of Puppy _____
Breeders Signature _____ Date _____

Office Use Only

Received _____ Year Ending _____ Accepted _____ Membership # _____