



PRESIDENT: Mrs Cathy Scotton
03 9885 0050

SECRETARY: Mrs Margaret Dixon
03 9830 1590

MEMBERSHIP APPLICATION

First Name: _____

Surname: _____

Address: _____

City: _____

State: _____ **Postcode:** _____

Phone: _____

Email: _____

VCA Membership #: _____

Name of your Cairns: _____

Breeder of your Cairns: _____

*Adult Single	\$20.50
*Adult Dual	\$27.50
*Pensioner Single	\$14.50
*Pensioner Dual	\$24.50
#JUNIOR (under 16 years)	\$3.00

*Includes joining fee \$2.50

One adult (parent/guardian) must be a member in order for a Junior membership to be taken out by children.

I/We enclose a cheque/money order for the amount of \$_____ made payable to the Cairn Terrier Club of Victoria.

Please complete this form and send with your cheque/money order to:

*The Treasurer
Mr G Ferbrache
242 Edwards Road
LILYDALE
VIC 3140
03 9735 4117*