



THE AUSTRALIAN WORKING BORDER COLLIE REGISTRY INC

INC9896908

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APPLICATION FOR MEMBERSHIP WITH THE AUSTRALIAN WORKING BORDER COLLIE REGISTRY

NAME:.....

ADDRESS:.....

TOWN:.....STATE:.....

TEL.....FAX.....

EMAIL.....

DO YOU WANT TO REGISTER A PREFIX: NO YES

If Yes please nominate your prefix here:.....

I(Applicants Name) do hereby agree to abide by the rules set out by the Australian Working Border Collie Registry.

Dated.....

Direct Deposits

BSB : 032653

Account : 270653

Australian Working Border Collie Registry

Or Cheques made payable to the Australian Working Border Collie Registry

Membership Fee: \$20

Prefix once off Fee: \$10

Please note: all applications must be returned in original copy for documentation purposes. No scanned emailed or faxed copies will be accepted.

(Office use only) Date Received _____ Ref No _____