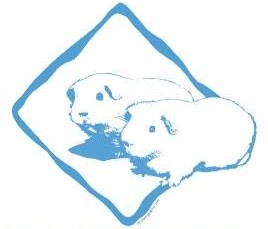
**Capital Country Cavy Club Inc. Membership Form**

**If you live in the:**

 **ACT, Queanbeyan**

**Regional NSW, Southern Highlands**

**or south of Picton**

**you’ll want to join the**

**Capital Country Cavy Club**

.

Name/s:…………………………………………………………………………………………………………………………………………………….

Please use BLOCK letters (Please include ALL names if applying for Double/Partnership Membership)

Stud Name/s (ANCC registered only): ..........................................................................................................

Address: ...........................................................................................................................Post Code……………

Phone no./s: ..................................................Email: ………………………………………………………………………………….

Your breed/s: .................................................................................................................................................

Please tick if you want these details on the CCCC Inc. website Breeders’ Directory.

I/we hereby agree to abide by the Rules of the Capital Country Cavy Club Inc and understand the committee reserves the right to refuse any membership. .

…………………………………………………………………………………………………………………………………………………………………

Signature/s Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Capital Country Cavy Inc. Club Membership Fees** | | | |
|  | | | |
| PAYMENT: Please send completed form with correct payment (CHEQUE) or DIRECT DEPOSIT RECEIPT to the Secretary.  CHEQUE: Payable to: Capital Country Cavy Club Inc. (CCCC Inc.).  DIRECT DEPOSIT: BSB 062-593  Account No. 1048 6766  Commonwealth Bank. | | **New Membership** OR **Renewal** | |
| **Single ($35)** | $ |
| **Double/Partnership/Family ($45)** | $ |
| The Secretary,  CCCC Inc.  Mikaela Piper  PO Box 59  Bungandore  Enquiries: cccavyclubsecretary@gmail.com  **Membership renewals due 31 August.** | **Please note:** Membership includes online colour version of the cavy newsletter. | **Stud Ad – A free service for Members. Contact Editor.** |  |
| **Donation (thank you)** | $ |
|  |  |
| **TOTAL ENCLOSED** | $ |

DIRECT DEPOSIT. Receipt attached If direct deposit is used, a copy of the receipt must accompany the Membership Form. Please use YOUR NAME as the reference.

CHEQUE. Payable to CCCC Inc.