

Western Australia Toy Dog Specialist Club Inc.
Membership Application/Renewal

Name/s: _____

Kennel Prefix: _____

Breed/s of Dog/s: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Phone Number: _____

CAWA Membership Number: _____

Web Site URL: _____

Type of Membership: (tick box)

Dual \$ 12.00

Single \$ 8.00

Membership year is 1st October to 30th September

Signature: _____

Date: _____

Please return completed form together with cheque / money order to:

WATDSC
Ms Kathlyn Williams
Lot 241 Tamby Court
Southern River WA 6110