



MEMBERSHIP FORM:
Select one of the options below:

Application

Renewal

Name	
Address	
Phone	
Email	

Please **select one** of the options below:

- I wish to become a member and have paid a subscription of \$ _____ via direct deposit.
- I wish to renew my membership and have paid a subscription of \$ _____ via direct deposit.

DIRECT DEPOSIT - SACBA Inc. BSB 105 146 Account 022474640

Please email a copy of the receipt with application to secretarysacba@gmail.com
Please also email a copy of your receipt to sacbatreasurer@gmail.com

SUBSCRIPTION RATES: from 1st January each year
SINGLE \$10.00 Per Annum
FAMILY \$15.00 Per Annum
PENSION \$8.00 Per Annum (is only for Individual membership; to claim Pension rate attach a photocopy of your pension card.)

Breed of cats owned or breed	
Applicant's registered prefix (if breeder)	
Would you like to volunteer your time or skills to the club?	

- Have you selected all the correct boxes?
Have you attached a copy of your Pension card if you're applying/renewing a pension subscription?
Have you identified/referenced your payment with "Your Name" & "Membership"?
Have you attached a copy of your payment receipt?

By signing this form, I/We agree to abide by and adhere to SACBA and GCCFSA's rules, codes of conduct/ethics, social media policy, and by-laws.

SIGNED:

DATE: