HOBART CAVY CLUB INC.

*Breeding better Cavies in Tasmania*

# MEMBERSHIP APPLICATION

Names in block letters please:

Name: (Mr., Mrs., Miss, Ms,) …………………………...……………………………………………………………

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

Telephone:………………………………………Email:…………………………………………………………………..

If joining as a Family, please list all family members’ names who wish to become a member and children’s date of birth. This information is required for insurance purposes.

Name………………………………………………………………………………………………………………...

Children’s Name:………………………………………...…Date of Birth………………………………………

Children‘s Name:…………………………………..………...Date of Birth……………………………………

**Membership Rate (please tick)**

**( ) Family $40**

**( ) Senior Single $30**

**( ) Junior $20**

**( ) Interstate Members $20**

**Please send application form and remittance to:**

**Treasurer, Hobart Cavy Club Inc, 5 Morrisby Road Old Beach 7017**

**OR pay by direct deposit to BSB:067-103, Account No 10614530 in name of Hobart Cavy Club Inc, reference: your surname.**

I/We wish to apply for Membership with Hobart Cavy Club Inc and agree to adhere to the Constitution and By-Laws of the Association and agree to compete/exhibit at my/our own risk and to indemnify the Hobart Cavy Club Inc and keep indemnified any of its officers and members or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me/us in the course of competing/exhibiting at the show and agree to exonerate the committee of the management of the Hobart Cavy Club Inc or persons involved in the conduct of any show from all loss or injury to me whether due to alleged negligence or otherwise.

**Proposed by ………………………………………………….. (print name)……………………………………………………..**

**Seconded by………………………………………………….. (print name)…………………………………………………….**

**Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**