



## AMRRIC Membership application/renewal for the 2009-2010 financial year

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organisation: \_\_\_\_\_

Postal address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ ☎ \_\_\_\_\_ ① \_\_\_\_\_

What are your areas of interest and how could you contribute to AMRRIC? *(not compulsory) e.g. Education Resources, IT, Policy, Newsletter Production, Media, Human Health/veterinary links, Research, Cultural Awareness Training, Mentoring, Other*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you interested in Volunteering with AMRRIC on Dog Health Programs *(please circle)* YES / NO

### Membership Agreement

I agree to honor the philosophy of AMRRIC. I agree to abide by a code of behavior for association members. I will not make public statements on behalf of AMRRIC without the permission of the AMRRIC Board. I agree not to do anything that in any way denigrates AMRRIC or harms its public image. I have read the Code of Behavior and Philosophy available at [www.amrric.org](http://www.amrric.org) Signed \_\_\_\_\_

### Membership options

New member  Existing member  Individual (\$50)  Organisation (\$100)  Student (\$20)

### Payment

Cheque attached (made payable to AMRRIC) for \$ \_\_\_\_\_  
 Credit card payment for \$ \_\_\_\_\_  VISA  MasterCard  
 Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_  
 Name on card: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only** Recieved By \_\_\_\_\_ Processed By \_\_\_\_\_ Date \_\_\_\_\_