



Membership application/renewal for the 2010-2011 financial year

Name:		Occupation:
Title:		Organisation:
Postal Address:		Phone:
		Mobile:
		Fax:
Postcode:	State:	Email:

What are you hoping to gain from being a member? *E.g. newsletters, cultural awareness workshops, volunteering, networking with researchers, suggested conference topics, gaining experience in the field, links to communities wanting vets, health information/zoonoses etc*

How could you contribute to AMRRIC? *E.g. Education Resources, IT, Policy, Newsletter Production, Media, Human Health/veterinary links, Research, Cultural Awareness Training, Mentoring, Donating, Fundraising, 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 at www.amrric.org
Signed and dated _____

Membership options
(please tick)

Existing member or ...

New member

- Individual (\$50) Student (\$20)
- Organisation (\$100) Organisations must name a primary member (who has voting rights) and the names of up to 5 "Associate Members" Please provide their email address for newsletters etc.

Primary Member _____	Email _____
Associate 1 _____	Email _____
Associate 2 _____	Email _____
Associate 3 _____	Email _____
Associate 4 _____	Email _____
Associate 5 _____	Email _____

Payment

Membership Total _____ Donation Total _____

Cheque attached (made payable to AMRRIC) for \$ _____

Credit card payment for \$ _____ VISA MasterCard (please tick)

Card number: _____ Expiry: _____

Name on card: _____

Date: _____ Signature: _____

Office Use Only Recieved By _____ Processed By _____ Date _____