

AMRRIC Membership application/renewal for 2011-12 financial year



Please mail or fax application form and payment to:
 AMRRIC, PO Box 1464, Nightcliff NT 0810 Tel: (08) 89481768
 Email: info@amrric.org ABN: 71 173 062 319 www.amrric.org

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

How did you first hear of us? Word of Mouth Website Colleague Media Facebook Other

Briefly tell us why you are joining/rejoining AMRRIC-

Are you interested in volunteering with AMRRIC on Dog Health Programs other

How could you contribute to AMRRIC?

Education Resource Sharing Legal Knowledge/Advice Fundraising Activities
 Policy Development provide cultural awareness Training Research (specify below)

Membership Agreement
 I agree to honor the philosophy of AMRRIC. I agree to abide by a code of behaviour 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 Members Code of Behavior at <http://amrric.org/sites/default/files/docs/resources/Members%20Code%20of%20Behaviour.pdf>
 Signed and dated _____

Membership options B (please tick) Individual (\$50) Student (\$20) Pensioner (\$20)
 Pensioner or Student number _____
 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 Donation Total _____
 Cheque attached (made payable to AMRRIC) for \$ _____
 Credit card payment for total \$ _____ VISA MasterCard (please tick)
 Card number: _____ Expiry: _____
 Name on card: _____
 Date: _____ Signature: _____