

AMRRIC 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, etc*

How could you contribute to AMRRIC? *E.g. education resources, legal knowledge ,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 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 A *(please tick)*

New member

Existing member

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: _____

Office Use Only Received By _____ Processed By _____ Date _____