



The Victorian Working Sheep Dog Association Inc
A0015093L ABN: 52 101 431 860
**ASSOCIATE (Training Day/Encourage/Farmers)
MEMBERSHIP RENEWAL/APPLICATION – 2021/2022**

To the Secretary

I WISH TO RENEW/APPLY for **ASSOCIATE (Training Day/Encourage/Farmers)** MEMBERSHIP for the 2020/2021 financial year

ASSOCIATE MEMBERS NAME: (MR/MRS/MS/MISS)	
JUNIOR - DATE OF BIRTH	
POSTAL ADDRESS	
TELEPHONE NO	MOBILE
EMAIL	
<input type="checkbox"/> I AGREE THAT THE VWSDA CAN DISCLOSE MY CONTACT DETAILS	
<input type="checkbox"/> I WILL BE WORKING DOGS AT TRIALS	
<input type="checkbox"/> I WISH TO RECEIVE THE NEWS SHEET VIA EMAIL	

Associate Members are not eligible to register a dog, breeding prefix, breed or register litters with the VWSDA Inc. If you wish to register dogs, breeding prefix, breed or register litters with the VWSDA Inc you must become a full member. Forms available on request from the Secretary or download from website

I am aware that my admission to Associate Membership will be for the period of the current financial year and subscriptions are due and payable on the 1st day of July each year, or at such time as my Application is lodged. If membership fees are not paid by 30th September, the member will be taken to have resigned from the Association as per the Constitution. The Association's financial year shall commence on the first day of July each year and terminate on the 30th day of June the following year.

I hereby apply for renewal or apply for **Associate** membership of the Victorian Working Sheep Dog Association Inc. In making this application I agree to abide by the

❖ **Code of Conduct**

- A member shall not inflict verbal or physical abuse on any person.
- A member shall not inflict pain nor cause wilful distress to any animal
- A member shall not engage in actions or dialogue which results in sexual harassment.
- A member shall not engage in unsportsmanlike conduct.
- A member must wear appropriate clothing and footwear when competing.
- A member must always present themselves for competition and/or official business in a state of sobriety.

VIOLATION OF THE CODE OF CONDUCT

- Any complaint made under this Code must be received in writing by the Secretary of the Association within 7 days of the alleged breach
- Any Code of Conduct reports to be dealt with in accordance with Constitution Division 2 – Disciplinary action (Rules 19-24) or Division 3 Grievance procedure (Rules 25-29) as determined by Council

❖ **Code of Ethics**

❖ **Rules of the VWSDA Inc**

❖ **VWSDA Constitution – updated 13 February 2019**

and authorise the VWSDA Inc to provide my contact details to affiliated clubs of the Association & Interstate Working Sheep Dog Trials...

Signature: Date:/...../2021

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ASSOCIATE (Training Day/Encourage/Farmers)

Secretary: Mrs. Louise Rielly, 70 Sommers Cres., KORUMBURRA VIC 3950 Tel: 0409 170 964
Honorary Registrar: Mrs Kerry Dodge, 947 Smythesdale Rd, SNAKE VALLEY VIC 3351 Tel: 0407 449 338

MEMBERSHIP RENEWAL/APPLICATION – 2020/2021

MEMBERSHIP CATEGORY	FEE
ASSOCIATE MEMBER	
<ul style="list-style-type: none"> • Training Day, Encourage & Farmers Trials participation • Receives newsletter 	\$45

*******PLEASE DO NOT DIRECT DEPOSIT UNTIL AFTER 30TH JUNE*******

PAYMENT METHOD (please tick method of payment)

- CHEQUE – payable to “The Victorian Working Sheep Dog Association Inc”
- MONEY ORDER - payable to “The Victorian Working Sheep Dog Association Inc”
- DIRECT DEPOSIT: date of DD / / 20....
- **BSB 083 894 Account Number 515170316 BANK/BRANCH:** NAB, Shepparton Branch
- **Reference:** Membership **Remitter:** (your name)
 - Please provide a receipt of funds transfer to louise.rielly@outlook.com OR include a copy with membership form
 - All members paying by Direct Deposit must still complete, sign Membership Form and return to Secretary
 - Membership is not valid until these forms are received

DO NOT SEND CASH THROUGH THE MAIL

Please forward Membership Renewal Form (2 pages) together with the amount of Membership Fee/or Direct Deposit details to:

The Secretary, VWSDA Inc, Louise Rielly 70 Sommers Cres., Korumburra. 3950

NAME:

Signature: Date: / / 2021

FOR OFFICE USE ONLY

This Section must be completed BY ORGANISERS for applications received on day of Trial/Training Day

DATE RECEIVED	PAYMENT TYPE	DRAWER	BANK	BSB/LOCATION	AMOUNT
	Cheque Money Order Cash				\$45
NAME/SIGNATURE OF PERSON RECEIVING APPLICATION/PAYMENT AT TRAINING DAY/TRIAL			Name (please print) Signature		

DIRECT DEPOSIT	DATE of DD / / 20.....
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MEMBERSHIP REGISTER

DATE of MEMBERSHIP REGISTER UPDATE / / 20.....							
TRIALLER	YES	NO	POSTAL LIST	YES	NO	EMAIL LIST	YES	NO
DATE EMAILED TO ASDWA	 / / 20.....						
DATE OF DISTRIBUTION LIST UPDATE	 / / 20.....						