

Section F—Payment Details

Amount Payable:.....Plus Donation:.....

Total Amount:.....

Payment method

- Cash
- Cheque made payable to RSPCA ACT
- Money order made payable to RSPCA ACT
- Credit card

Card type:  

Number:...../...../...../.....

CVV..... CVV is the 3 digit number on the back of your card Expiry:...../.....

Signature:.....

Office Use Only

Complimentary membership type

- Adoption: animal ID:.....
- Life skills: name of dog and date of 1st class
.....
- Wildlife training: date of training:.....

- Payment taken at PAC
OR
- Payment taken in Business Support

Initials of processor:.....

Date entered in ThankQ:.....

Declaration

It is important that members of RSPCA ACT are aware of the Society’s policies and positions on animal welfare and that they uphold RSPCA values. For these reasons, the following information is required:

In relation to your treatment of, or your responsibility for, an animal, including matters involving mistreatment or neglect, have you ever been visited or spoken to by:



- The police, whether State/Territory or Commonwealth;
- A uniformed inspector of an animal welfare organisation performing functions under animal welfare legislation; or
- Any government agency, whether local, State/ Territory or Commonwealth
YES NO

If yes, please provide details:

Are you now, or have you ever been, as an individual, a member of any group, club, organisation, business entity or association that has had any involvement with animals or animal related activities? YES NO

If yes, please provide details:

I, _____ declare that all information given with this application is true and correct. If any relevant information is withheld, misrepresented or false, I recognise RSPCA ACT Council’s right to require me to show cause as to why my application should not be rejected.

Should I be granted membership and my application is subsequently discovered to contain misleading, incomplete or false information, Council has the right to terminate my membership forthwith. I further recognise the Council’s right to terminate my membership should I not uphold the Society’s policies and positions on animal welfare.

Signed: _____ Date: _____

Membership benefits and privileges

- Voting rights and the right to stand for Council membership*
- RSPCA ACT membership card which entitles you to savings on products and services at the RSPCA ACT store including pet food, dog and puppy training classes, and animal adoptions
- A range of discounts on products and services provided by business supporters of RSPCA ACT
- Priority notification of RSPCA ACT events and fundraising opportunities
- The knowledge that you are supporting animal welfare

For more information about the benefits of becoming a member of RSPCA ACT, please visit www.rspca-act.org.au

Thank you for supporting all creatures great and small.

*Voting members must be aged 16 years or over. To be eligible to vote your membership must be current at the time of the AGM. The membership option family membership, allows ONE member of the family to vote. This member is the member listed at section A on the application form. Members are eligible to stand for Council after constant membership for a duration of 6 months prior to the AGM.

MEMBERSHIP APPLICATION

RSPCA ACT
12 Kirkpatrick Street Weston ACT 2611
PO Box 3082 Weston Creek ACT 2611
PH: 02 6287 8100 FAX: 02 6288 3184
WEB: rspca-act.org.au EMAIL: rspca@rspca-act.org.au
ABN 35 730 738 037



Membership Application



Support RSPCA ACT and become a member today

Welcome to RSPCA ACT



RSPCA ACT cares for 9,000 companion and native animals each year. Our Canberra shelter is a leader in animal welfare outcomes in Australia. We are committed to finding a home for every healthy companion animal and we have no time limits, age limits, or space limits for animals in our care.

RSPCA ACT operates an animal shelter, a dedicated wildlife clinic, an animal cruelty inspectorate, a fully equipped veterinary clinic, a pet supply store, dog training classes, 24 hour assistance with native wildlife, and programs to support vulnerable members of the community. We are supported by dedicated staff and hundreds of volunteers who work to improve the lives of animals in the region.

We rely on the community to continue to provide first class care to the animals and people of Canberra. Becoming a member of RSPCA ACT is a great way to provide ongoing support to animals in need. RSPCA ACT membership offers a range of benefits, in addition to the knowledge that you are helping to support animal welfare initiatives in the ACT and region.

Please choose your membership type

New membership Renewal

Membership Types

- Ordinary.....1 year.....\$39
- Ordinary.....2 years.....\$69
- Ordinary.....3 years.....\$99

(Please complete sections A and F)

Family.....1 year.....\$79

(Please complete sections, A, B, C, D and F)
Note: family membership covers up to two adults and all children under 18 years of age.

Ordinary Concession 1 year \$30 (A, E and F)

PLEASE WRITE CLEARLY IN BLOCK LETTERS

Membership of RSPCA ACT is accepted subject to approval by Council. Membership fees are due on 30 June each year. Members joining after 1 February will receive half price annual membership with an expiry of 30 June that year.

I would like to receive the RSPCA ACT monthly newsletter: Yes No

I would like to receive RSPCA ACT mail updates: Yes No

Section A—Adult One

Mr/Mrs/Ms/Miss (please circle) Other.....
Surname:.....
Given Name:.....
Date of Birth:.....
Mailing Address:.....
Suburb:.....
State:.....Postcode:.....
Ph (day):.....Ph (evening):.....
Mobile:.....
Email:.....
Optional information for demographic purposes only:
Marital Status:.....Gender:.....
Occupation:.....

Section B—Adult Two

Mr/Mrs/Ms/Miss (please circle) Other.....
Surname:.....
Given Name:.....
Date of Birth:.....
Mailing Address:.....
Suburb:.....
State:.....Postcode:.....
Ph (day):.....Ph (evening):.....
Mobile:.....
Email:.....
Optional information for demographic purposes only:
Marital Status:.....Gender:.....
Occupation:.....

PLEASE WRITE CLEARLY IN BLOCK LETTERS

Section C—Child One

Surname:.....
Given Name:.....
Date of Birth:.....
Mailing Address:.....
Suburb:.....
State:.....Postcode:.....
Mobile:.....
Email:.....
Gender:.....
Relationship to Adult in Section A and/or B:

PLEASE WRITE CLEARLY IN BLOCK LETTERS

Section D—Child Two

Surname:.....
Given Name:.....
Date of Birth:.....
Mailing Address:.....
Suburb:.....
State:.....Postcode:.....
Mobile:.....
Email:.....
Gender:.....
Relationship to Adult in Section A and/or B:

Section E—Concession Details

Concession type:.....
Concession card number:.....

