



## MEMBERSHIP APPLICATION FORM

Membership fees are due for payment from 1<sup>st</sup> January each year.

- Full Membership \$ 90-00  
(For Competitors and Breeders)
- Interstate Members Full Membership \$ 50-00  
(Who are already members of their own state association)
- Family Membership \$160-00  
(2 Adults + \$20-00 for each child over 16 years of age to cover public liability insurance)
- Junior Membership (under 16 years of age) \$ Free
- Associate Membership and Encourage \$ 35-00  
Competitors during their first year of trialing
- Interstate Associate Membership \$ 25-00  
(Who are already members of their own state association)

By applying for membership of the South Australian Working Sheepdog Association (SAWSDA), you hereby agree to abide by the rules of the Association, and agree to abide by the Code of Conduct as adopted at the AGM March 1<sup>st</sup>, 2007. It was agreed at this meeting that the Code of Conduct would be included on the membership form each year and that members would sign this form to acknowledge their acceptance of the Code of Conduct.

Extract from Constitution:

- 6.0 Code of Conduct
- 6.1 A member must not inflict verbal or physical abuse upon another competitor, spectator or official.
- 6.2 A member must not inflict pain nor cause wilful distress to any animal.
- 6.3 A member must not engage in any action or dialogue which results in sexual harassment or discrimination.
- 6.4 A member must not engage in unfair or other than sportsman-like conduct.
- 6.5 A member must always present themselves for competition and official business in a state of sobriety.
- 6.6 A member shall wear appropriate clothing and footwear when competing with regard to personal safety, taking into consideration insurance requirements.
- 6.7 All members and/or competitors accept membership and/or enter a trial conditional upon accepting this Code of Conduct and its provisions.

Fees are payable to SAWSDA and can be sent to the Secretary, Joanne Flavel, PO Box 338, Meningie, SA, 5264. Payment may also be made to Bank SA branch 105-165, account # 015649840. Please include your name in the details of this payment and email a completed copy of this form to [jflavel@aussiebb.com.au](mailto:jflavel@aussiebb.com.au)

Member's Name:
Level of Membership: Full / Associate
Address:
Phone Number:
Fax Number:
Email Address:

Signature: