



THE WORKING KELPIE COUNCIL OF AUST INC.

PO Box 306, Castle Hill NSW 1765, Ph 02 9899 9224, Fax 02 9894 2140,
Email: admin@wkc.org.au
Homepage: www.wkc.org.au

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

State _____ Postcode: _____

Telephone: _____ Mobile: _____

Email Address: _____

Website Address: _____

Membership

Tick which membership classification applies:

- ☐ Within Australia (associate): \$80.00 for 2026
- ☐ Australian Junior/Rural Youth (under 18 yrs old): \$50.00 - Date of Birth: _____
- ☐ Outside Australia (international): AUD \$100.00 for 2026

All memberships include an emailed monthly News Bulletin.

If you require a printed hardcopy of the Bulletin, please select from the options below.

- ☐ I require a posted hardcopy in addition to email – additional \$60.00 per year
- ☐ I have no email address and require a posted hardcopy – no additional charge
- ☐ I require a printed copy posted overseas – fee to be advised

Payment Information

Payment is made for \$ _____ by one of the following methods (please tick).

☐ Cheque Enclosed	
☐ Direct Debit	Direct deposit: BSB 032 087, Account No. 990591 Account: Working Kelpie Council of Aust. Inc. Please include your name as a reference.
☐ Credit Card	☐ Visa ☐ Master Card ☐ Amex Name on Card: _____ Card No: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

I hereby apply to be admitted as a member of the Working Kelpie Council of Aust. Inc. on the terms set out in the Constitution and agree to be bound by the Statement of Objects and Rules and any subsequent amendments.

Name: _____ Date: _____ / _____ / _____

Membership renewal is due in January each year. A reminder and Membership Renewal form will be issued with a copy of the December Bulletin.

Please complete the form, save to your computer and attach to your email. Send to admin@wkc.org.au or print and mail to PO Box 306, Castle Hill 1765.