

Animal Care Australia Inc PO Box 314 MACARTHUR SQUARE NSW 2560 animalcareaustralia.org.au

animaicareaustralia.org.; ABN 36 438 686 995 Tax File No 508 268 553 CFN: 25599

ANIMAL CARE AUSTRALIA Inc MEMBERSHIP APPLICATION FORM

Supporters: N	Name (for individual/a	animal-related busines	s):		
Email:		w	Vebsite:		
	nimal group(s) are you				
□ Dogs	□ Birds	☐ Small Mammals	□ Horses	□ Fish	☐ Insects/Arachnids
□ Cats	□ Reptiles	□ Native Mammals	☐ Exhibited Animals	o □ Other:	
	umber of members:		Parmission to list above	ve details on the	ACA website: Yes No
• •	_		remission to list above	ve details on the	ACA WEDSILE. Tes NO
•	ve Contact Details		Destricts Helds		
Name:			_ Position Held:		
Phone No:		Email:			
	n or supporter named of promote the ACA Obje	on this application agree	es and declares they	will strive to abi	ide by the ACA Mission
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PLEASE NOTE: MEMBERSHIP IS SUBJECT TO COMMITTEE APPROVAL