



French Bulldog Awareness  
Group of W.A. Inc.

# Application for Membership

For the Financial Year 1<sup>st</sup> July 2024 - 30<sup>th</sup> June 2025.

**THE FRENCH BULLDOG AWARENESS GROUP OF WESTERN AUSTRALIA**  
*Supporting French Bulldogs in Western Australia*

I / WE : \_\_\_\_\_  
(Insert APPLICANT'S name) Eg. TOM & BETTY SMITH

apply as new member(s) of the above Association.  
If my / our application is accepted, I /we agree to be bound by the rules of the Association.

Postal Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
(insert APPLICANT'S residential or postal address - required under section 27 of the Associations Incorporation Act (1987))

Telephone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a Registered Breeder – Prefix Name \_\_\_\_\_ Canine Assoc number \_\_\_\_\_

Our Quarterly Newsletter will be sent out as a PDF attachment via Email.

If you prefer a hardcopy via Australia Post please tick box

## “CHARTER OF MEMBERSHIP”

1. I/we shall ensure that at all times the dogs under my control are properly housed, fed, watered, regularly wormed and kept in good condition. All dogs shall receive proper veterinary attention if and when required.
2. I/we shall not allow any dogs under my care to roam at large and when in public I will ensure they are under effective control at all times. I will ensure that my dogs are kept in a secure and fully fenced environment.
3. I/we shall not permit any of my pure bred dogs to be mated to a dog of a different breed, to a cross bred dog or to an unregistered dog of the same breed.
4. I/we shall not knowingly sell any dog to commercial dog wholesalers, retail pet dealers or brokers directly or indirectly. I shall not allow my dog/s to be given as a prize or donation in a contest of any kind.
5. In the event that I/we can no longer keep my Bulldog for whatever reason, and I am having trouble re-housing my dog/s, I shall notify the Breeder or The French Bulldog Awareness Group of W.A. for assistance in re-homing.

Signature:..... Signature:..... Date:.....

## Membership Fee

Individual, Double, Family or Household: **\$10.00 per year**

Donations kindly accepted. Payments received over \$10.00 Membership fee will be considered a donation.

## The French Bulldog Awareness Group Wall Calendar for 2025

Calendars will be sent out with the December 2024 newsletter.

I would also like to pre-order and pay for \_\_\_\_\_ copies @ \$12.00 each

Total amount enclosed \$ \_\_\_\_\_



If you would like to pay via direct debit : **FBAG of WA BSB: 086805 A/C: 587699809**  
Both receipt and form can be returned to the treasurer via email : earsRup@bigpond.com or address below.  
Payment by cheque and form should be forwarded to: **F.B.A.G. of WA, P.O. BOX 209, GOSNELLS, W.A. 6990**



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**INFORMATION for APPLICANTS**

- If your application is accepted, your name and address, as provided, **must** be recorded in a register of members and be made available to other members, upon request, under section 27 of the *Associations Incorporation Act*.
- If the obligations under the *Associations Incorporation Act* are not complied with the Association can be wound up.
- You can contact the Association at **P.O. BOX 209, GOSNELLS, W.A. 6990** or Ph 9493 3286
- You can access or correct personal information (your name and address) by contacting the Association as indicated above.

**OTHER INFORMATION**

- If your application is accepted you are entitled to inspect and make a copy of the register of members under section 27 of the *Associations Incorporation Act*.
- If your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association under section 28 of the *Associations Incorporation Act*.

**If your application for membership is rejected by the Committee:** You may give notice of your intention to appeal within 14 days of being advised of the rejection (rule 5(4)). The Association in a general meeting, no later than the next annual general meeting, must confirm or set aside the decision of the Committee rejecting your application, after giving you a reasonable opportunity to be heard or to make written representations to the general meeting (rule 5(5)).

**For New Members Only**

If the Applicant does not know a current member of F.B.A.G. of WA. - Leave the area below blank.

The application will be considered by the Committee at the next meeting.

**PROPOSED BY:**

**SECONDED BY:**

Name:.....

Name:.....

Signature:.....

Signature:.....

Date:.....

Date:.....