



Greyhound Safety Net Inc  
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## Greyhound Safety Net Incorporated Membership Application

I, ..... (full name)  
of ..... (postal address)

apply to become (please tick one only):  a new member,\* or  an associate member\*\*  
of Greyhound Safety Net Inc. (GSN)

\*My qualification for GSN membership is (please tick one or more)

- I have fostered a greyhound for GSN
- I have adopted a greyhound from GSN, or
- I have assisted GSN as a volunteer for a continuous period of 6 months or more

\*\*Associate membership of GSN

Associate members of are those who wish to support GSN but do not meet the qualifications for membership as outlined above. Please note there are no qualifications for associate membership, but limited rights.

In the event of my admission as a member or associate member, I agree to be bound by the rules of the Association for the time being in force.

I agree to pay a \$5 joining fee and \$30 annual membership fee, which is enclosed with my application, or deposited by direct debit to: GSN BSB 633000 A/C 128262920

In addition, I would like to donate \$ ..... to help support GSN in its work.

Note: donations of \$2.00 or more are tax deductible

My contact details are:

Telephone: ..... Mobile: .....

Email: .....

Date: ..... Signature of Applicant: .....

I, .....(full name), a member of the Association (GSN), nominate the applicant, who is personally known to me, for membership of the Association (GSN).

Date: ..... Signature of Proposer: .....

Office use only: date payment received ..... cash  chq  direct deposit