



Talking Tails Club Membership Application Form

I would like to become a member of the Talking Tails Club.

MEMBERSHIP NO: _____

About You:

Name: _____

Date of Birth: ____/____/____

Address: _____

Phone Number: _____

Email: _____

About your Parent or Guardian:

Name: _____

Signature of Parent: _____

Phone Number: _____
(If different from above)

Email (if different from above) _____

Payment Details:

Amount Paid: \$_____ Cash EPOS/CCard Cheque

You may need to visit us at 28 Sippy Creek Road for EPOS and Cash payments

The cats & dogs at the Sunshine Coast Animal Refuge would like to thank you for supporting them