



MEMBERSHIP NUMBER: \_\_\_\_\_

**I WISH TO CHANGE (please circle the appropriate box/s):**

\*Type / Name / Prefix / Address / Phone / Facsimile / Mobile / Email

(Please note that a change of membership type or prefix will incur fees.

\*Membership Type is if you wish to upgrade or downgrade your membership, e.g. upgrade from Associate A to Full Breeding F etc)

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**PREVIOUS DETAILS (THIS SECTION MUST BE COMPLETED)**

Type: \_\_\_\_\_  
Name: \_\_\_\_\_  
Prefix: \_\_\_\_\_  
Address (postal) \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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**NEW DETAILS (ENSURE YOU HAVE COMPLETED THE ABOVE SECTION ADVISING OF OLD DETAILS BEFORE ADVISING OF NEW DETAILS):**

Type: \_\_\_\_\_  
Name: \_\_\_\_\_  
Prefix: \_\_\_\_\_  
Address (postal) \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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I request that the above change/s of \_\_\_\_\_ (Title, Address, etc) be made to my membership.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please note that this document must be signed only by the Authorised Representative on the membership being changed. If this document is signed by anyone other than the Authorised Representative it will be returned and no changes will be made until the correct signature can be provided.***

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