

Application for Membership of The Clutha Veterinary Association (Incorporated)

Please read and complete this page if you would like the opportunity to **apply** for membership of the Clutha Veterinary Assn. (Inc). **New Members are approved by the Board at their monthly meeting.**

Membership subscription of **\$40.00** to be paid at time of application, and thereafter annual membership charge will appear on your August Statement.

Benefits of Membership

- Selected retail goods and veterinary services at member's rates.
- Mileage at member's rates
- Eligible for Additional Discount *(if granted by the Board)*
- Voting privileges

\$40.00
per year

Please indicate numbers of animals on your property

Sheep		Dog	
Beef		Cat	
Dairy		Horse	
Deer		Other	

Newsletters (please tick)

Sheep ☐

Dairy ☐

Small Animal ☐

Terms of Trade

Our terms of trade are strictly Direct Debit or cash unless credit arrangements are made (Application for Credit included in New Client Information). All accounts are due for payment by the 20th of the month following purchase.

If accounts are not paid by the due date any eligible incentive discount will no longer apply. Overdue accounts will incur 2% monthly interest fees and collection costs associated with debt recovery.

Terms & Conditions of Membership

I hereby apply to become a member of the Clutha Veterinary Association (Incorporated) and agree to:

- Pay the membership subscription, fees and charges as set out in the 'Rules of The Clutha Veterinary Assn. (Inc.)'.
- Observe and be bound by the rules of The Clutha Veterinary Assn. (Inc.) (full details available on application, or refer to - www.cluthavets.co.nz/rules-of-membership.html).
- To accept and abide by the Terms of Trade as set out above.

Application for membership –

LARGE ANIMAL (FARM / LIFESTYLE)

☐

COMPANION ANIMAL (PETS)

☐

- **Client account number** (existing clients): /
- Or if you are a **new client** wishing to become a member of Clutha Vets please ensure the previous page (New Client Information) has been completed, ID supplied & Application for Credit signed.

Name*

Address

Signature*

Date*

Areas marked with * must be completed

Please return this form to: Clutha Vets, P.O. Box 231, Balclutha 9240

Email admin@cluthavets.co.nz