

The Objectives of Cavy West Inc

- Fulfill the role of the State Council of WA and as the State Council to be affiliated to the Australian National Cavy Council.
- To encourage the breeding of all varieties of cavies to meet the standards as set by the Australian National Cavy Council.
- To encourage and promote the exhibiting of cavies, including pets, but in particular, standardised varieties.
- To prevent cruelty to cavies through ignorance, purposeful maliciousness, or neglect
- To provide education on the care of cavies and promote the public image of the cavy.

Membership: Is available upon application to the committee and is open to the people that subscribe to the objectives of Cavy West Inc.

Membership fees are:

Junior (under 18 years)	\$50
Adult (18 years plus)	\$60
Family	\$70
One of Application Fee	\$10

Benefits of Membership: Eligibility to exhibit in standardised classes at Cavy West Shows and the National Cavy Show. Substantial discounts are available to members through the Cavy West Shop. Other benefits include access to a comprehensive network of people and resources on cavies within the club, around Australia and even around the world. Cavy West membership also provides eligibility to several social media pages to network with like-minded people.

Shows: Are held approximately monthly during cooler months. As well as open classes, there are also classes for Novice and Junior exhibitors. There are also Condition (pet) classes for non-standardised animals. There are separate classes for both members and non-members.

Application for Membership



CAVY WEST (Inc)

Cavy West is a club of like-minded people who enjoy and also strive to popularise the fascinating hobby of breeding and exhibiting cavies (Guinea Pigs)

Cavy West Inc

Application for membership

Names in full (block letters please) Please add date of birth for Junior members.

Name (Mr, Mrs, Ms, Miss, Dr) _____ DOB: _____

Name (Mr, Mrs, Ms, Miss, Dr) _____ DOB: _____

Name (Mr, Mrs, Ms, Miss, Dr) _____ DOB: _____

Name (Mr, Mrs, Ms, Miss, Dr) _____ DOB: _____

Name (Mr, Mrs, Ms, Miss, Dr) _____ DOB: _____

Please copy this page for additional names

Address: _____

Postcode: _____

Email: _____ Phone: _____

I/We wish to apply for membership of Cavy West Inc and agree to adhere to the constitution and bylaws of the associations. (junior member applications must be signed by a parent or guardian)

How did you hear about Cavy West Inc:.....

Signed:..... Date:

Family Membership	\$70.00	<input type="checkbox"/>
Adult Membership (18 Years plus)	\$60.00	<input type="checkbox"/>
Junior Membership (Under 18 years) An Adult must accompany a junior at any Cavy West Event	\$50.00	<input type="checkbox"/>
One off Application Fee	\$10.00	

Membership: Is available upon application to the committee. You will be advised if your application has been accepted at which time payment will be required.

The annual membership period commences January 1st and ends December 31st of the same year. New members joining after October 1st shall have their membership carried through to the end of the following membership period. Renewal of membership may be subject to review by the committee.

Email your membership application n to: cavywestinc@gmail.com