

16 May 2024

Dear Affiliate

Please find attached a non-Dogs Victoria member services levy form for the period ending 30 June 2024 for action and return. This payment contributes to the upkeep of association facilities and administration necessary for the effective support to affiliate clubs, and as a paid member ensures that you are covered by our public liability and personal accident insurance policies.

As advised in previous correspondence, Dogs Victoria affiliates will be required to collect \$9.30 for singles and \$18.60 for family non-members and forward payments together with the attached levy form within 14 days of 31 March, 30 June, 30 September and 31 December each year.

A copy of the list of non-members should be forwarded with your quarterly payment.

Affiliates should note that Dogs Victoria accepts the following will not have to make a contribution:

- Non-participating life members, interstate or overseas members of an affiliate do not have to pay the levy.

Payments for the quarter ending 30 June 2024 are due to be received at the office by 14 July 2024.

Affiliates who have any questions relating to this levy may contact the Dogs Victoria finance team at accounts@dogsvictoria.org.au

Yours sincerely

Michaela Andrejic

Michaela Andrejic

Affiliate & Judges Administration Officer

TAX INVOICE NON DOGS VICTORIA MEMBER SERVICES LEVY FORM

Include Personal Accident / Member to Member Insurance

Name of Affiliate: _____

Number of members who joined since previous lodgement	Single	Dual/Family
Number of members who renewed since previous lodgement	Single	Dual/Family
<i>Sub Total</i>	Single	Dual/Family
<i>Less number of Dogs Victoria Members</i>	Single	Dual/Family
Total	Single	Dual/Family
Levy Payment (including GST) for period ending 30/06/2024	Single	

Bank Details
Bank: Bendigo Bank
BSB: 633 000
Account Number: 112552542
Account Name: Victorian Canine Association Inc
Payment Reference: Affiliate name - NML

e.g. 25 x \$9.30 = \$232.50

Dual /Family

e.g. 25 x \$18.60 = \$465.00

Total \$

I return this form, with the information above completed and attach payment and a list of our non-members. Cheque Number/ Reference Number _____

I return this form and state that my club has no non-members to declare.

Name of Secretary: _____

Secretary's Signature: _____

Phone Number: _____