



SUNBURY AND DISTRICT OBEDIENCE DOG CLUB INC

MEMBERSHIP APPLICATION

PLEASE PRINT

TYPE OF MEMBERSHIP : SINGLE DUAL JUNIOR CONCESSION FAMILY (additional form) LIFE

NAME :

ADDRESS:.....

SUBURB:..... POSTCODE:.....

PHONE:..... MOBILE

EMAIL:

Are you a **Dogs Victoria Member** yes / no M/ship number Sighted

Concession Details Sighted

ASSOCIATED MEMBERSHIP (for dual membership only – family memberships to complete additional form)

NAME:.....

PHONE:..... MOBILE

Are you a Dogs Victoria Member yes / no M/ship number Sighted

EMERGENCY CONTACT DETAILS

NAME:.....RELATIONSHIP.....

PHONE:..... MOBILE

GENERAL INFORMATION

How did you hear about the club ?

Have you previously been a member of the club ? (If yes when?)

Are there any health issues associated with this membership that the club should be aware of yes / no (if yes, please speak to a committee member regarding this application)

I hereby acknowledge the above and verify that all details on this form are true and correct. In making this application for membership I agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to membership of the Club

I consent, unless I otherwise advise in writing to Sunbury and District Obedience Dog Club Inc. using details associated with this application including name, and also image and likeness, for the period of membership, for promotional, broadcasting or reporting in any media.

SIGNATURE:..... DATE:.....

SIGNATURE:.....Associated Member (dual membership only)

*****PLEASE COMPLETE DOG INFORMATION OVERLEAF

PTO

Application Received by : Amount paid \$..... Date/...../.....

V2.

APPLICANTS NAME

DOG INFORMATION

DOG 1

DOGS NAME.....

BREED.....

DATE OF BIRTH..... DOG / BITCH

VACCINATION DATE..... ANNUAL / TRIANNUAL

CERT SIGHTED DATE

DOG 2

DOGS NAME.....

BREED.....

DATE OF BIRTH..... DOG / BITCH

VACCINATION DATE..... ANNUAL / TRIANNUAL

CERT SIGHTED DATE

DOG 3

DOGS NAME.....

BREED.....

DATE OF BIRTH..... DOG / BITCH

VACCINATION DATE..... ANNUAL / TRIANNUAL

CERT SIGHTED DATE

DOG 4

DOGS NAME.....

BREED.....

DATE OF BIRTH..... DOG / BITCH

VACCINATION DATE..... ANNUAL / TRIANNUAL

CERT SIGHTED DATE

ADDITIONAL INFORMATION FOR **FAMILY MEMBERSHIP** APPLICATION

PRIMARY APPLICANTS NAME

*Required if different from primary applicants name

FAMILY MEMBER 2 (Adult)

NAME :.....

*PHONE:..... *MOBILE

Are you a Dogs Victoria Member yes / no M/ship number Sighted

SIGNATURE:..... DATE:.....

FAMILY MEMBER 3 (child)

NAME :..... DATE OF BIRTH:.....

*PHONE:..... *MOBILE

Are you a Dogs Victoria Member yes / no M/ship number Sighted

FAMILY MEMBER 4 (child)

NAME :..... DATE OF BIRTH:.....

*PHONE:..... *MOBILE

Are you a Dogs Victoria Member yes / no M/ship number Sighted

EMERGENCY CONTACT DETAILS :

ARE THE EMERGENCY CONTACT DETAILS AS PER THE PRIMARY APPLICANT ? YES / NO

If no please speak to a committee member regarding this application.