

SUNBURY & DISTRICT OBEDIENCE DOG CLUB

New Membership Form (PLEASE PRINT)

Dogs Victoria No:	
First Name:	
Dogs Victoria No:	
Dual Member First Name:	Surname:
If Family Membership, please write additi	onal details on the back of the page
Address:	<u> </u>
Postcode:	Phone No:
Email Address:	
Dog's Name (1):	Dog's Name (2):
DOB (1):	DOB (2):
Breed (1):	Breed (2):
Sex (1):	Sex (2):
Vaccination Date (1):	Vaccination Date (2):
Emergency Contact:	
handler but will not guarantee the level of your dog for you. Certain canine behavior	bedience Dog Club will provide obedience training to the dog f obedience training your dog will achieve. Instructors will not train oural problems will require professional advice that may not be ence Dog Club. I agree to abide by the club rules and regulations notional and broadcasting in any media.
Signature:	Dual Member Signature:
ADMINISTRATION ONLY Admin	Officer: Membership No:
Membership & Joining Fee:	Dogs Victoria Insurance Levy:
Total:	Joining Date:
Cash/Cheque:	
Vaccination Sighted: Dog (1)	Dog (2):