

# FLEURIEU DOG OBEDIENCE CLUB INC.

Registration No.

**Application for Club Membership Submitted on...../...../20.....**

Name of person applying for Membership \_\_\_\_\_  
(Given Name) (Surname)

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone No. (home/mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Name of Person who will be training the dog: \_\_\_\_\_

How did you hear about our club? \_\_\_\_\_

Current Vaccination Certificate must be brought and sighted:  Expiry date: \_\_\_\_\_

Signature of Club Official sighting the certificate: \_\_\_\_\_

## Dog No. 1

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: D / B Current Age: \_\_\_\_yrs \_\_\_\_mths.

## Dog No. 2

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: D / B Current Age: \_\_\_\_yrs \_\_\_\_mths.

**Type of Membership requested** (Please circle)

Single / Junior (12-18yrs) / Pensioner (pension card must be sighted).

**My dog has been vaccinated either by the conventional method or homeopathic / naturopathic method and I exonerate the Club from any responsibility should my dog contract any condition(s) which can be vaccinated against.**

**Applicant's Signature** \_\_\_\_\_

**I do hereby apply for membership of the Fleurieu Dog Obedience Club Inc., being subject to Committee approval, and agree to abide by the rules and regulations of the Club.**

**Applicant's Signature** \_\_\_\_\_

**Club Official's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Receipt No:** \_\_\_\_\_

**Fees may be paid by electronic funds transfer to:**

Account Name: Fleurieu Dog Obedience Club Inc.  
BSB: 015-716  
Account No: 2661-03728

**Please reference your full name and that of your dog**