

MEMBERSHIP APPLICATION

PRIMARY APPLICANT INFORMATION

Name:		Age: (if under 18)			
Current address:					
Suburb:		State:		Post Code:	
Phone:		Mobile:		VCA No:	
Email:					

ASSOCIATE MEMBER (DUAL, SINGLE/JUNIOR/FAMILY)

Name:		Age: (if under 18)			
Phone:		Mobile:		VCA No:	
Email:					

ASSOCIATE MEMBER (DUAL, SINGLE/JUNIOR/FAMILY)

Name:		Age:(if under 18)			
Phone:		Mobile:		VCA No:	
Email:					

ASSOCIATE MEMBER (DUAL, SINGLE/JUNIOR/FAMILY)

Name:		Age: (if under 18)			
Phone:		Mobile:		VCA No:	
Email:					

DOG INFORMATION

DOG 1				DOG 2			
Dogs Name:		Dogs Name:					
Breed:		Breed:					
DOB:		Sex:		DOB:		Sex:	
Vacc Date:		Sighted:		Vacc Date:		Sighted:	

DOG 3				DOG 4			
Dogs Name:		Dogs Name:					
Breed:		Breed:					
DOB:		Sex:		DOB:		Sex:	
Vacc Date:		Sighted:		Vacc Date:		Sighted:	

GENERAL INFORMATION

How did you hear about the club?						
Have you previously been a member of the club? (if Yes when?)						
Would you like to receive a club newsletter:		Yes	No	If Yes via :	Email:	Pickup:

AGREEMENT

By signing this membership form you agree to abide by the rules and regulations for the Sunbury & District Obedience Dog Club Inc.

Signature of Primary Member:		Date:	
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CLUB INFORMATION:

Membership No		Cons:		Sighted:						
Member:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019