

SOUTH AUSTRALIAN OBEDIENCE DOG CLUB INC.

Phone: 0451 839 965

Website: saobediencedogclub.com.au

MEMBERSHIP APPLICATION FORM

New Member Renewal

Payment Options: Cash, Cheque, Credit Card, Bank Transfer

(Account Name: SAODC, BSB No.: 105-081, Account No: 029 119 740)

MEMBERSHIP FEES

	<u>ONE DOG</u>	<u>MULTIPLE DOGS</u>
Single Membership	\$ 90	\$120
Double Membership	\$120	\$150
** Concession Membership	\$ 80	\$100
* Junior Membership	\$ 80	\$100
**CARD TO BE PRODUCED		

MEMBER NO 1

MEMBER NO 2

(Dr / Mr / Mrs / Ms / Miss)

(Dr / Mr / Mrs / Ms / Miss)

SURNAME

GIVEN NAMES

SURNAME

GIVEN NAMES

POSTAL CODE _____

POSTAL CODE _____

PHONE CONTACT _____

PHONE CONTACT _____

E-MAIL _____

E-MAIL _____

BREED OF DOG _____

BREED OF DOG _____

DOGS NAME _____

DOGS NAME _____

AGE/DATE OF BIRTH _____

AGE/DATE OF BIRTH _____

VACCINATION DATE/S _____

VACCINATION DATE/S _____

VACCINATION TYPE _____

VACCINATION TYPE _____

I hereby agree to join the South Australian Obedience Dog Club and agree to comply with the Constitution and Rules thereof.

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

*FOR JUNIOR MEMBERSHIP - I hereby take full responsibility for my child (Junior Member) while he/she is in attendance at the South Australian Obedience Dog Club.

SIGNATURE of Parent/Guardian _____

Date _____

OFFICE USE ONLY

AMOUNT PAYED \$ _____ CASH Receipt NO _____ CHEQUE NO _____ CREDIT CARD _____ BANK TRANSFER _____

VACCINATION CERTIFICATE/S SIGHTED: Date _____ YES _____ NO _____

NUMBER OF BADGES ISSUED: _____

SECOND DOG

BREED OF DOG _____

DOGS NAME _____

AGE/DATE OF BIRTH _____

VACCINATION DATE/S _____

VACCINATION TYPE _____

THIRD DOG

BREED OF DOG _____

DOGS NAME _____

AGE/DATE OF BIRTH _____

VACCINATION DATE/S _____

VACCINATION TYPE _____