

WARRINGAL OBEDIENCE DOG CLUB INC

(Affiliated with the VCA)

Application for Membership

Date/...../.....

Please Print

Surname

First Name

Surname

First Name

Address

Suburb

Municipality

Post Code Telephone

Mobile Mobile

Email

For family membership, please complete overleaf.

Are you a member of the Victorian Canine Association/VicDogs? YES/NO

VCA Member No: VCA Member No: Must be sighted

Occupation: Occupation

Where did you hear about the Club?

Do you agree for Warringal Obedience Dog Club Inc to keep your details on a database for club purposes only,
Yes No

I am happy to be contacted about assisting the Club YES NO Phone Email

Please Print in BLOCK LETTERS

Dog's Pet Name Dog/Bitch (please circle)

Breed Age: Desexed: Yes/No

Dog's Pet Name Dog/Bitch (please circle)

Breed Age: Desexed: Yes/No

If more than 2 dogs please turn over

Has the above mentioned Dog/Bitch done attack work of any kind (security/man work or Schulzund) YES/NO if yes, please state

I/We understand that the Warringal Obedience Dog Club Inc is run by volunteers who receive no payment for their efforts and that the Dog Club to be successful, I/we as members have a part to play.

I/We understand that the Warringal Obedience Dog Club Inc does not accept any responsibility for any injury that may be sustained by my dog/s while on the Club's ground. I agree to abide by the rules and regulations of the club and the Victorian Canine Association.

I/We understand that there could be some risk involved with disease in taking my puppy out until a booster is given. The Warringal Obedience Dog club accepts no responsibility.

For all Junior members, under 16 a Parent or Guardian must be present whilst Junior Member is on the Club Grounds

Signature Signature

Name of Child/Children

First Name: Surname Age :
 First Name: Surname Age :
 First Name: Surname Age :
 First Name: Surname Age :

Additional Dogs:

Dog's Pet Name Dog/Bitch (please circle)
 Breed Age: Desexed: Yes/No
 Dog's Pet Name Dog/Bitch (please circle)
 Breed Age: Desexed: Yes/No

Club Use Only:

Membership No: Dual
 Receipt Number: Amount \$ Date: / /

Single Dual Junior Age VCA Insurance Levy MYOB

Vaccination Certificate Sighted:
 Second Injection Date: / / Signature Date / /
 Third Injection Date: / / Signature Date / /

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