

WARRINGAL OBEDIENCE DOG CLUB INC

(Affiliated with Dogs Victoria)

Application Family Membership

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

Adult

Surname

First Name

Surname

First Name

Child

Surname

First Name

Surname

First Name

Address

Suburb

Post Code Telephone

Mobile Mobile

Email

Are you a member of the VCA? YES/NO VCA Member No:Must be sighted

Dual VCA Member No:Must be sighted

Please tick if you do not agree to the Warringal Obedience Dog Club Inc to keep your details on a database

I agree to the Warringal Obedience Dog Club Inc contacting me by email YES NO

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

Occupation:

Where did you hear about the Club?

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 complete an Amendment Form

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

Please complete overleaf

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
(Dual Membership or Parent's/Guardian signature (if a junior))

Club Use Only:

Membership Numbers

Receipt Number: Amount \$ Date: /...../.....

Single Dual Junior Age Junior Age

VCA Insurance Levy

Vaccination Certificate Sighted:

Second Injection Date:/...../..... Signature Date/...../.....

Third Injection Date:/...../..... Signature Date/...../.....

Vaccination Certificate Sighted:

Second Injection Date:/...../..... Signature Date/...../.....

Third Injection Date:/...../..... Signature Date/...../.....

NOTES: