



ALTONA CIVIC OBEDIENCE DOG CLUB INCORPORATED



Application for Membership

Postal Address: P O BOX 154 ALTONA 3018

www.altonadogobedience.org.au

Email: info@altonadogobedience.org.au

FINANCIAL YEAR: 1 November to 31 October

RENEWALS: Taken from 1 to 30 November **ONLY**

Surname

First Name

Mr/Ms
Mrs/Miss

Address _____

Postcode _____ Phone and/or Mob _____

Email address: _____

TYPE OF MEMBERSHIP

ALL Memberships have a once off \$30.00 Joining Fee per new member PLUS the Annual Training Fee listed below

Single \$40.00 Junior \$25.00 12-16 yrs Age _____ AGED Pensioner \$25.00

Dual \$70.00 2nd Member's name _____ Dog's Name _____

The Club accepts Debit, Credit & EFT payments for New Members & Membership Renewal of Annual Training Fees
BSB 633 000 Account No. 5519764 – Please use your FIRST and SURNAME NAME as the REFERENCE

PLEASE COMPLETE THE FOLLOWING SECTION SO OUR RECORDS ARE UP TO DATE

Dog's Name _____ Breed of dog _____

Colour _____ Sex _____ Date Of Birth _____

IF YOU WISH TO TRAIN MORE THAN ONE DOG, PLEASE FILL IN THE FOLLOWING:

Additional dogs cost \$10.00 per dog, per year

Dog's Name _____ Breed of dog _____

Colour _____ Sex _____ Date Of Birth _____

- Has the Dog received any kind of "Guard Dog Training"? Yes/No
- Has the Dog shown any previous tendency to bite or attack other dogs or people? Yes/No
- Have you ever been refused Membership to any other dog club? Yes/No
The Club has the right to suspend or disqualify any Member's dog that shows a tendency to bite or show aggression.
- JUNIOR Members. Proof of the Junior's age is required and a Parent/Guardian must remain at the Club whilst the Junior Member is in Class. No members under the age of 18 years are to be left at the Club unsupervised.
- I understand that the ACODC Inc. does not accept any responsibility for any injury that may be sustained by me, my family or my dog/s while on the Club's grounds.
- I agree to abide by the rules and regulation of this obedience and agility dog club.
- How did you find out about the Club? _____

Signed _____ Date _____

JUNIOR MEMBERSHIP

Junior's Parent/Guardian's Signature _____

OFFICE USE ONLY

Fees\$ _____ Receipt / EFT No. _____ Vaccination Record Checked Yes/No
AGED Pension card Checked Yes/No

PRINT NAME: _____ M/Ship Card Training Card