Logo

Description automatically generated

**SHEPPARTON AND DISTRICT OBEDIENCE DOG CLUB INC MEMBERSHIP APPLICATION**

Membership year 1st January to 31st December

PLEASE **PRINT**

TYPE OF MEMBERSHIP : SINGLE DUAL JUNIOR FAMILY (additional form)

NAME :………………………………………………………………………………………………………………………………………………..

ADDRESS:…………………………………………………………………………………………………………………………………………….

SUBURB:………………………………………………………………………………. POSTCODE:…………………………………………

CONTACT NO:……………………………………………………………………………………….

EMAIL: 

Are you a **Dogs Victoria Member** yes / no M/ship number ………………..…………..………... Sighted ……………

DUAL MEMBERSHIP ADDITIONAL MEMBER DETAILS ( family memberships to complete additional form)

NAME:………………………………………………………………….……………………………………………………………….

CONTACT NO:………………………………………………………………………………………….

Are you a Dogs Victoria Member yes / no M/ship number ………………..…………..………... Sighted ……………

**EMERGENCY CONTACT DETAILS**

NAME:…………………………………………………………………………………RELATIONSHIP………………………………………

CONTACT NO:………………………………………………………………………………………….

GENERAL INFORMATION

Have you previously been a member of the club ? (If yes when?) ……………………………………………………….

I hereby acknowledge the above and verify that all details on this form are true and correct. In making this application for membership I agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to membership of the Club

SIGNATURE:……………………………………………………………………………………. DATE:………………………………………

SIGNATURE:…………………………………………..………………………Associated Member (dual membership only)

**\*\*\*\*\*PLEASE COMPLETE DOG INFORMATION OVERLEAF PTO**

Application Received by : ……………………… Amount paid $................ Date ……./……../2023 V1

**APPLICANTS NAME …………………………………………………………………………………………………………………**

**DOG INFORMATION**

DOG 1

DOGS NAME………………………………………………………………………………………………………………………………………

BREED………………………………………………………………………………………………………………………………………………….

DATE OF BIRTH………………………………………………………. DOG / BITCH

VACCINATION DATE……………………………… ANNUAL / TRIANNUAL/TITRE

CERT SIGHTED ………………………… DATE ………………………

DOG 2

DOGS NAME………………………………………………………………………………………………………………………………………

BREED………………………………………………………………………………………………………………………………………………….

DATE OF BIRTH………………………………………………………. DOG / BITCH

VACCINATION DATE……………………………… ANNUAL / TRIANNUAL/TITRE

CERT SIGHTED ………………………… DATE ………………………

DOG 3

DOGS NAME………………………………………………………………………………………………………………………………………

BREED………………………………………………………………………………………………………………………………………………….

DATE OF BIRTH………………………………………………………. DOG / BITCH

VACCINATION DATE……………………………… ANNUAL / TRIANNUAL/TITRE

CERT SIGHTED ………………………… DATE ………………………

V1