



Shepparton & District Obedience Dog Club

Incorporation No A0017293M

P O Box 6230

Shepparton VIC 3230

APPLICATION FOR MEMBERSHIP

Membership year 1st Jan to 31st December

PLEASE USE BLOCK LETTERS

TITLE: Mr./Mrs./Miss/Ms

Membership type:

NEW/RENEWAL

FIRST NAME: _____ LAST NAME: _____

Address: _____ TOWN _____

STATE _____ POSTCODE _____ PHONE: _____

EMAIL: _____

Dogs Victoria Member YES/NO Member number _____

Emergency Contact Information

Name: _____ Relationship to member: _____

Phone Number: _____ Mobile Number: _____

PET NAME: _____ Age of dog: _____

BREED OF DOG: _____ DOG/BITCH

PET NAME: _____ Age of dog: _____

BREED OF DOG: _____ DOG/BITCH

NOMINATED BY: _____

The above-named applicant desires to become a member of the Shepparton & District Obedience Dog Club Inc. In the event of my admission as a member, I agree to be bound by the constitution, rules and training methods of the Club in force at this time.

Signature of applicant DATE: ___ / ___ / ___

CLUB USE ONLY

Fee Schedule Member type / Renewal	Annual	Joining fee	DogVic Member	Non DogsVic * Member (insurance levy)	Total DV member	Total non DV member
New member (Single)	\$30	\$10	\$0	\$8	\$40	\$48
New Member (Dual/Family)	\$60	\$10	\$0	\$16	\$70	\$86
New Member (Junior 10-18 years)	\$20	\$10	\$0	\$8	\$30	\$38
Renewal (Single)	\$30	\$0	\$0	\$8	\$30	\$38
Renewal Member (Dual/Family)	\$60	\$0	\$0	\$16	\$60	\$76
Renewal Member (Junior)	\$20	\$0	\$0	\$8	\$20	\$28
<u>Receipt No.</u>				<u>Total Paid</u>		
<u>Vaccination Date/s</u>				<u>Entered by</u>		