



NOARLUNGA CITY OBEDIENCE DOG CLUB INC

PLEASE PRINT CLEARLY

NEW MEMBER

Membership No.

I/We (Surname).....(Given Names).....

Of (Address).....

(Post Code).....(Telephone) (.....).....hereby apply for membership for the coming year.

Occupation..... Email address.....

TYPE OF MEMBERSHIP REQUIRED Single \$20 Double/Family \$25 Junior/Student \$15
(Please circle)

Joining Fee \$15 (payable once only) Pensioner Single \$13 Pensioner Double \$15

BREED OF DOG	NAME	SEX	DATE OF BIRTH	VACCINATION

I/We hereby certify that I/we have received, read and will abide by Club Rules at all times.

Signature(s)..... Date...../...../.....

HOW DID YOU FIND OUT WORD OF MOUTH WEBSITE NEWSPAPER
ABOUT THE CLUB? SA CANINE ASSOC VET OTHER.....