



NOARLUNGA CITY OBEEDIENCE 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 (Please circle) Joining fee -\$20 (Once only fee)

Single - \$20 Double/Family - \$30 Junior/Student -\$15 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 the Club Rules at all times.

Signature.....

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

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