



NOARLUNGA CITY OBEEDIENCE DOG CLUB INC

PLEASE PRINT CLEARLY

RENEWAL

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*) Single - \$20.00

Double/Family - \$30.00

Junior/Student -\$15.00

Pensioner Single -\$13.00

Pensioner Double -\$15.00

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.....