

# WERRIBEE OBEDIENCE DOG CLUB INC.

**APPLICATION FOR MEMBERSHIP**

OR

**MEMBERSHIP RENEWAL**

Please Select **One** of the following Options

**Family**     *Maximum 2 Adults and 2 Juniors*

**Junior**     *Must be under the age of 18 yrs.  
(Must be over 7 yrs to be eligible to train a dog)*

**Single**     *Adult – 18 years & over*

**Life**     *For Life Members of the Club*

**Additional Dog for Current Member**     *To add a new dog to an existing Membership*

**Date:** \_\_\_\_\_

SURNAME / FAMILY NAME	FIRST NAME	M / F	CONTACT PHONE NUMBER	DOGS VIC / VCA NUMBER (If Applicable) (CARD MUST BE SIGHTED)	Club Use Only	DATE OF BIRTH JUNIORS ONLY	SIGNATURE OF APPLICANT/S

**\*\*Only the names above are allowed on the training ground**

**\*\* Parent to sign form if Junior joining.**

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PLEASE PROVIDE THE DETAILS OF YOUR DOG(S) ON THE REVERSE SIDE OF THIS PAGE**

**Our Financial Year is from 1<sup>st</sup> July – 30<sup>th</sup> June**

**Subject to Club Rule Number 9 - JOINING FEES AND MEMBERSHIP FEES ARE NON-REFUNDABLE.**

**\*Membership is for the Person not the Dog and is subject to Committee Approval\***

OFFICE USE ONLY

PAID BY: EFT / Cash / Cheque / Card

DATE: \_\_\_\_\_

## DOG(S) DETAILS

*(Please remember to show the Vaccination Certificate)*

	DOG 1	DOG 2	DOG 3	DOG 4	DOG 5
<b>Dog's Name (Pet Name Only)</b>					
<b>Dog's Age (Advise Mths / Yrs)</b>					
<b>Dog's Sex (M or F)</b>					
<b>Breed of Dog</b>					
<b>Date Vaccination Due (Must show certificate)</b>					
<b>Vaccination Checked By (club use only)</b>					
<b>Please List the First Name of Any Member Training This Dog</b>					
<b>Dog Tag No. (club use only)</b>					

Have you had any previous dog obedience training?

YES       NO

Has your dog/s shown any previous tendency to bite or attack people? If YES, please give details in the space below:

YES       NO

Details:	
----------	--

Has your dog/s shown any previous tendency to bite or attack other dogs? If YES, please give details in the space below:

YES       NO

Details:	
----------	--

Do you have any medical condition that may affect your training and handling of your dog? If YES, please specify in the space below:

YES       NO

Details:	
----------	--

I / We understand that the Club shall not be held responsible for any damage inflicted by the action of my/our dog/s, or damage caused either to myself/ourselves or my/our dog/s, or to other dog/s whilst in attendance at the club. I / We agree to be bound by the Rules of the Club for the time being in force.

*Please note that it is a condition of membership of our Club that you and your dogs photo can be taken at Club events and used on our Club Website, Facebook page or any other promotional advertising that the Club may do. By joining the Club, you agree to that condition.*

**\*\*\* IF PRINTING THIS FORM, PLEASE CHOOSE TO PRINT IN 'LANDSCAPE' ORIENTATION AND SELECT 'PRINT ON BOTH SIDES' IN YOUR PRINTER OPTIONS \*\*\***