ALTONA CIVIC OBEDIENCE DOG CLUB INCORPORATED



Has the Dog shown any tendency to bite or attack other dogs or people?	DOG	CLUB	Postal Addre	ess: PO Box 1:	54, Altona. 3018					adogobedien adogobedien		_
Single Membership: \$ 70.00 (New Member) OR			Applica	tion for Ne	w Membership	p or		Applicati	on for N	Aembersh i	ip Rene	ewal
Single Membership: \$ 70.00 (New Member) OR	FI	INANCIAI	L YEAR: 1st N	November - 31s	t October		RE	NEWALS: Ta	ken from 1	1st - 30th Nov	ember Ol	— NLY
Dual Membership: (Two Adults) \$130.00 (New Member) OR \$70.00 (Annual Renewal) Junior Membership: (12-16 yrs) Age: \$55.00 (New Member) OR \$25.00 (Annual Renewal) AGED Pension Membership: \$55.00 (New Member) OR \$25.00 (Annual Renewal) Flease note: Subject to club rule \$2. Jees are not refundable. The Club accepts Debit, Credit & EFT payments for New Members & Membership Renewal of Annual Training Fees BSE: 633 000 Account No. 5519764 Please uses your FIRST NAME and SURNAME NAME as the REFERENCE MEMBER DETAILS FIRST NAME SURNAME: SURNAME: FIRST NAME SURNAME: SURNAME: FIRST NAME PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHON					TYPE OF MI	EMBERS	SHIP (Ple	ease select)				
The Club accepts Debit, Credit & EFT payments for New Members & Membership Renewal of Annual Training Fees BSB: 633 000 Account No. 5519764 — Please use your FIRST NAME and SURNAME NAME as the REFERENCE MEMBER DETAILS Mr/Mrs		Dual Membership: (Two Adult Junior Membership: (12-16 yr			\$130.00 (New Member) rs) Age: \$55.00 (New Member)			\$70.00 (Annual Renewal) \$25.00 (Annual Renewal)				
ADDRESS: SURURB: POST CODE	мемр	BSB: 63	3 000 Account	, Credit & EFT	payments for New N	Members &	Membershi	ip Renewal of A				
ADDRESS: SUBURB: POST CODE	Mr/Mrs	EKDETA						FIRST NAM	ие			
DOG'S NAME: DOG'S BREED: PHONE:		SS:					SUBURB:					
MF/Mrs MissMs SURNAME: FIRST NAME: FIRST N	EMAIL:					1	PHONE:					
MINOMS SURNAME: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE: PHONE:												
DOG'S DOG'S BREED: DATE OF BIRTH: M/F		MBER DI										
DOG'S BREED: DATE OF BIRTH: SEX M/F			SURNAME:					FIRST NA	ME:			
NAME: BREED: BIRTH: M/F	EMAIL:						PHONE:					
To identify who will be training the additional dog, please add two stars (**) after the persons first name. DOG'S	DOG'S NAME:											
Has the Dog received any kind of "Guard Dog Training"?	F YOU '	WISH TO									<mark>per year.</mark>	
Has the Dog shown any tendency to bite or attack other dogs or people?												
DATE:: Junior's Parent / Guardians Signature	2. H 3. H T 4. J(tl 5. I	Ias the Dog Iave you e The Club ha UNIOR M he Junior I understand ny family (g shown any to yer been refuses the right to something the right to something the right to something the right to something the right that the ACC or my dog/s we have a shown and the right to something the right that the right to some right that the	endency to bit sed Membersh uspend or disquif of the Junion Class. No memore about the Class of	te or attack other do ip to any other do ualify any Member r's age is required mbers under the age not accept any resub's grounds.	logs or peog club?'s dog that and a Pare ge of 18 ye sponsibilit	ple?shows a te ent/Guardia ars are to y for any i	ndency to bite an must remai be left at the C njury that may	or show ag n at the Club unsup	ggression. lub whilst pervised.	□Yes	□ N
Fees \$ Receipt/EFT No Vaccination Record Checked AGED Pension Card Checked	SIGNED	:			DATE::				gnature			
Fees \$ Receipt/EFT No Vaccination Record Checked AGED Pension Card Checked					0							
	Fees\$_		Receipt/El	FT No			-	l Checked	AGE	D Pension Car	rd Checke	d [
							M/Ship N	Name Tag		Entered in	Database	