



APPLICATION FOR MEMBERSHIP

HANDLER 1 <i>Please print clearly</i>	
First Name:	
Surname:	
Street Address:	
Suburb:	
Post Code:	
Phone Contact Number	
Email Address:	

HANDLER 2 <i>Please print clearly</i>	
First Name:	
Surname:	
Phone Contact Number	
Email Address:	

DOG 1 DETAILS <i>Please print clearly</i>							
Name of Dog:							
Breed							
Date of Birth (If known)	Age (In Years)						
Colour	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Sex (Circle)</td> <td style="padding: 2px;">Male</td> </tr> <tr> <td></td> <td style="text-align: center;">Female</td> </tr> </table> </td> </tr> </table>		<table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Sex (Circle)</td> <td style="padding: 2px;">Male</td> </tr> <tr> <td></td> <td style="text-align: center;">Female</td> </tr> </table>	Sex (Circle)	Male		Female
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Sex (Circle)	Male						
	Female						
Pedigree (Circle)	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Yes No</td> <td style="width: 20%; text-align: center;">De-Sexed</td> <td style="width: 20%; text-align: center;">Yes No</td> <td style="width: 40%;">Microchip No:</td> </tr> </table>	Yes No	De-Sexed	Yes No	Microchip No:		
Yes No	De-Sexed	Yes No	Microchip No:				
VCA Member (Circle)	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; text-align: center;">Yes No</td> <td style="width: 20%; text-align: center;">VCA Member No</td> <td style="width: 60%;"></td> </tr> </table>	Yes No	VCA Member No				
Yes No	VCA Member No						

Current Dog Vaccination Certificate to be viewed by CDOG with application

DOG 2 DETAILS <i>Please print clearly</i>														
Name of Dog:														
Breed														
Date of Birth (If known)	_ _ _ _ _							Age (In Years)						
Colour												Sex (Circle)	Male Female	
Pedigree (Circle)	Yes No	De-Sexed		Yes No	Microchip No:			_ _ _ _ _						
VCA Member (Circle)	Yes No	VCA Member No												

Current Dog Vaccination Certificate to be viewed by CDOG with application

- I / We agree to be bound by the Constitution and By-Laws of the Craigieburn Dog Obedience Group Inc. I / We understand that I / We train our dog/s entirely at My / Our own risk, and that I / We have a duty of care towards other members of the Club. I / We hereby release indemnify and save harmless the Club, its Officers, Agents, Servants or Employees of any action, civil or criminal, which may arise from any injury sustained to Myself / Ourselves or any person through negligence of Myself or Others, or through My / Our inability to adequately control My / Our own animal/s as instructed from time to time.
- I / We authorise CDOG to send club communication relating to events and information. (Please tick to accept)
- Digital photography may be used from time to time for promotional purposes. These images will be used for newsletters, website and other social media forums. (Please tick to accept)

HANDLER 1 SIGNATURE: **DATE:**

HANDLER 2 SIGNATURE: **DATE:**

How did you hear about Craigieburn Dog Obedience Group Inc?

CDOG Website: Referral (Name):

Facebook: Other:

OFFICE USE ONLY					
Date Joined / /20.....	Receipt No.		Membership No.	
Joining Fee \$40.00	Annual Subscription \$60.00	Insurance Single \$8.00 Family \$16.00	Total Received \$	Vaccination Papers Sighted Yes / No	Club Officer Initials:

MEMBERSHIP RENEWALS						
Financial Year Period/..... /20	Annual Subscription \$	Insurance Single \$ Family \$	Total Received \$	Receipt No:	Vaccination Papers Sighted Yes / No	Club Officer Initials:
Financial Year Period/..... /20	Annual Subscription \$	Insurance Single \$ Family \$	Total Received \$	Receipt No:	Vaccination Papers Sighted Yes / No	Club Officer Initials:
Financial Year Period/..... /20	Annual Subscription \$	Insurance Single \$ Family \$	Total Received \$	Receipt No:	Vaccination Papers Sighted Yes / No	Club Officer Initials: