



Craigieburn Dog Obedience Group
Application for membership

Type of membership:

Single per year: \$120 ☐

Family membership: \$135 ☐

Handler 1

Single / Family memberships

Please print clearly

First name:

Surname:

Address:

Suburb:

Postcode:

Mobile number:

Email address:

Handler 2

Family membership only

Please print clearly

First name:

Surname:

Address:

Suburb:

Postcode:

Mobile number:

Email address:

Dog 1 details

Single / Family memberships

Please print clearly

Name of Dog:

Breed:

Date of birth (if known)

Age in years:

Colour:

Vaccinated?:

Yes: ☐ No: ☐

Sex:

Male: ☐ Female: ☐

De-sexed:

Yes: ☐ No: ☐

Registered with Council: Yes: ☐ No: ☐

Microchipped:

Yes: ☐ No: ☐

Dog 2 details

Family memberships only

Please print clearly

Name of Dog:

Breed:

Date of birth (if known)

Age in years:

Colour:

Vaccinated?:

Yes: ☐ No: ☐

Sex:

Male: ☐ Female: ☐

De-sexed:

Yes: ☐ No: ☐

Registered with Council: Yes: ☐ No: ☐

Microchipped:

Yes: ☐ No: ☐

Disclaimer

I/we agree to be bound by the rules of the club

I/we understand that I/we train our dog/s at my/our own risk, and that I/we have a duty of care towards other members of the club and their animals. 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 animals as instructed from time to time.

Do you agree to the above terms?

Yes: ☐ No: ☐

I'd like to opt out of any marketing

Yes: ☐ No: ☐

Digital photography may be used from time to time for promotional purposes, these images may appear on marketing, promotional and including social media, these images remain the property of Craigieburn Dog Obedience Group.

Do you agree?

Yes: ☐ No: ☐

Handler 1:

Date:

Handler 2:

Date:

How did you hear about Craigieburn Dog Obedience Group?

Internet Search:

☐

Social media:

☐

Flyer:

☐

Other:

Office use only

Vaccination certificate sighted?

Yes: ☐ No: ☐

Membership type?

Single: ☐ Family: ☐

Membership paid?

Yes: ☐ No: ☐

Amount paid

\$

10x training card purchase

Yes: ☐ No: ☐