



Membership Application

MEMBER'S DETAILS

NAME _____

ADDRESS: EMAIL _____ @ _____

STREET _____

SUBURB _____ POST CODE _____

PHONE _____

DOG'S DETAILS

NAME _____

BREED _____

AGE _____

MALE / FEMALE

DESEXED? YES / NO

DATE OF NEXT VACCINATION _____ (SIGHTED _____)

COUNCIL REGISTRATION No _____ (SIGHTED _____)

ANNUAL MEMBERSHIP

SINGLE \$40.00 (1 JULY TO 30 JUNE)

FAMILY \$50.00

WEEKLY TRAINING FEE \$3.00 PER DOG

I/WE AGREE TO BE BOUND BY THE CONSTITUTION OF CAROLINE SPRINGS DOG CLUB AND WILL MAKE NO CLAIMS UPON THE OWNERS OF PROPERTY OR ORGANISING BODIES PERTAINING TO THE CLUB WITH REGARDS TO ACCIDENT OR INJURY TO MYSELF OR DOG AND PERMISSION TO USE PHOTOGRAPHS OF MYSELF AND/OR MY DOG IN PROMOTIONAL MATERIAL.

PAID _____ ON RECEIPT No: _____ DATED ___/___/___

SIGNATURE : _____

(PARENT OR GUARDIAN MUST SIGN IF TRAINER IS UNDER 16 YEARS OF AGE)