

Port Macquarie Dog Club Inc.

Membership Application

I/we hereby apply for membership of the Port Macquarie Dog Club Inc. and in the event of my admission as a member agree to abide by the Constitution of the Association. I/we acknowledge that I/we have read the rules and disclaimer of the association and agree to abide by them. Yes ☐

Name 1:			
Name 2:			
Postal Address:			
Contact Phone:		Mobile:	
Email:			
Signature 1:		Date:	
Signature 2:		Date:	

Details of your Dog(s)

Name	Birth Date	Breed	Next Vaccination due date

Note: Current Vaccination certificate must be provided at time of registration

Has your dog attended Puppy Pre School Yes ☐ No ☐

Are you a member of Dogs NSW Yes ☐ No ☐ If Yes Membership number: _____

Membership is valid until June 30th each year.

The club reserves the right to cancel or deny membership at any time with good reason.

OFFICE USE

Proposer Name		Joining Fee	15.00
Signature		Membership Fee	10.00
Date		Training Card	30.00
Seconder Name			
Signature		TOTAL	55.00
Date			
		PAID Yes / No	
Vaccination Sighted	Yes / No	Initials	Entered Xero