



EAST GIPPSLAND DOG OBEDIENCE CLUB INC.

MEMBERSHIP FORM



Date:			
Membership Type:	ADULT	FAMILY	JUNIOR
Name:			
Phone No:			
Address:			
Email:			
Other Family Members:			
(If family membership)			
Next of Kin:			
Phone No:			

Dogs Name:		Breed:	
Dogs Name:		Breed:	
Dogs Name:		Breed:	

Are you a Dogs Victoria Member?	YES	NO
Dogs Victoria Membership Number:		

- Did you attend EGDOC Puppy Preschool? YES NO
- Has your dog ever shown signs of aggression or bitten anybody? YES NO
- Have you been recommended to attend training by the Wellington Shire? YES NO

I acknowledge and consent to photographs being taken of me during my participation in EGDOC activities. I acknowledge and agree that such images are owned by EGDOC, which may use the photographs for promotional or other purposes without my further consent.

Sign: _____ Date: _____

Fees Applicable:

Fees consist of a joining fee, 12 months membership
and for Non-Dogs Victoria members an insurance levy

You can pay using Direct Debit Facilities

- Account Name: East Gippsland Dog Obedience Club Inc.

BSB 633 000 Account Number: 104544812

Please
Tick

Adult Non-Dogs Victoria Membership	\$73	<input type="checkbox"/>
Adult Dogs Victoria Membership	\$65	<input type="checkbox"/>
Adult Membership for EGDOC Puppy Preschool attendees	\$65	<input type="checkbox"/>

Family Non-Dogs Victoria Membership	\$95	<input type="checkbox"/>
Family Dogs Victoria Membership	\$80	<input type="checkbox"/>
Family Membership for EGDOC Puppy Preschool attendees	\$80	<input type="checkbox"/>

Junior Non-Dogs Victoria Membership	\$58	<input type="checkbox"/>
Junior Dogs Victoria Membership	\$50	<input type="checkbox"/>

I certify that I will abide by the Constitution, Bylaws and Rules of the East Gippsland Dog Obedience Club Inc., and will be solely responsible for any injury or damage to any other person or dog caused by a dog brought to any training class or other event held or sponsored by this club.

I further certify that I will abide by the Constitution and Bylaws of Dogs Victoria as they apply to this club.

Signature: _____

<i>Office Use Only:</i>				
DATE	AMOUNT PAID	PAYMENT TYPE	SIGNATURE OF M/SHIP OFFICER	RECEIPT NO
	<i>Vaccination Certificate Sited</i>		<i>Data base entry</i>	<i>Name Tag</i>