



# MACEDON RANGES OBEEDIENCE DOG CLUB INC

Reg. A0007965H ABN 49 607 123 168

P.O.Box 143 Gisborne 3437

## APPLICATION FOR MEMBERSHIP - *Initial application ONLY*

Completed form can be emailed to [info@macedonrangesdogclub.org.au](mailto:info@macedonrangesdogclub.org.au)

**A VALID VACCINATION CERTIFICATE FOR EACH DOG MUST ACCOMPANY THIS APPLICATION**

FIRST NAME ..... SURNAME.....

FIRST NAME ..... SURNAME.....

ADDRESS. ....

..... POST CODE.....

PHONE NUMBER ( ) ..... MOBILE. ....

EMAIL.....

OCCUPATION..... DOGS Victoria Membership No. (if applicable).....

IN CASE OF EMERGENCY CONTACT ..... PHONE NUMBER .....

HAVE YOU BEEN A MEMBER OF THIS CLUB PREVIOUSLY? YES NO (If YES, approx year .....

DOGS NAME	BREED	VACCINATION DUE
(1) .....	.....	.....
(2) .....	.....	.....
(3) .....	.....	.....

FEES			
Joining Fee		\$ 30.00	<input type="checkbox"/>
Annual Membership	Single	\$ 10.00	<input type="checkbox"/>
	Family	\$ 20.00	<input type="checkbox"/>
	Junior (age 8 – 16)	\$ 5.00	<input type="checkbox"/>
DOGS Victoria Levy	Single	\$ 8.00	<input type="checkbox"/>
	Family	\$ 16.00	<input type="checkbox"/>
T Shirt		\$ 10.00	<input type="checkbox"/>

Payment by eftpos will be subject to a surcharge (S/C)  
 Debt Card - \$0.30 + GST  
 Credit Card - 1.6% + GST

SUB TOTAL \$.....

TOTAL PAID \$.....

*I agree to abide by the Club rules and by-laws.*

SIGNATURE ..... DATE .....

*The Club accepts no responsibility for any injuries to dogs or handlers*

OFFICE USE ONLY		INITIAL		INITIAL	
Dog 1 Vaccination certificate sighted	YES NO	<input type="checkbox"/>		Entered in database	<input type="checkbox"/>
Dog 2 Vaccination certificate sighted	YES NO	<input type="checkbox"/>		Name badge printed	<input type="checkbox"/>
Dog 3 Vaccination certificate sighted	YES NO	<input type="checkbox"/>		Paid	<input type="checkbox"/>
Date .....					