

BELCONNEN DOG OBEDIENCE CLUB

2017 - 2018 Existing Member (June to December) Add an Additional Dog or Activity

BDOC MEMBERSHIP DETAILS

Please print all details. All applications to add a new dog to an existing membership must be accompanied by a current vaccination certificate for the new dog. If this form is being submitted to add a new dog that is over 6 months of age to an existing membership, it must also be accompanied by a completed Dog Profile form.

Surname: First Name:							
Other Names in Family Me	mbership:						
Address:					Postcode:		
Mobile Phone Number:							
E-mail Address:							
DOG AND HANDLER	DETAILS Handlers	must be over 11 yea	rs of age				
	Do	g I		Dog 2			
Dog's Name							
Dog's Breed							
Dog's Date of Birth							
Dog's Sex (M or F)							
Handler's Name							
New Activities (\$50 pe Canine companion classes, ag DWD, obedience trialling, an	gility, flyball,						
CANINE COMPANION	I ENROLMENT D	ETAILS					
Session:		7 Session 4 ss Thurs 15/06 and Sun	18/06		Session 5 Thurs 19/10 and Sun 22/10		
Preferred training time	:Thu	ırsday 7:00pm – 8:	00pm	Sunda	ay 9:00am – 10:00am	ı	
The Belconnen Dog Obedience Cluinformation about the Club activitie authorised or required to do so by personal information of other indivi	es as required. Your perso law. By completing and su	nal information will not be	used for any other p	purpose without first	seeking your consent, unless t	he Club is	
I understand that the Belconnen Domy dog's vaccination (C3) will be ke					or damage on the Club's groun	ds. I declare that	
Signed:				Date:			
I am paying a total of \$							
SUBMITTING YOUR A							
Cheques and money orders	s should be made pay	able to Belconnen D	og Obedience (Club Inc.			
In Person Visit the BDOC Office on Thursdays (7:00 to 8:30pm) or Sundays (9:00 to 10:30am)		By Post PO BOX 879 MITCHELL ACT 2911		Email y	Online Email your completed forms and vaccination certificate to applications@bdoc.asn.au		
Pay by: cheque, money order, credit card, EFTPOS, and cash		Pay by: cheque or money order		Pay by direct bank transfer BSB: 062 911 Account: 10139225 Ref: Surname of primary member			
FOR OFFICE USE ONL	Y					_	
Receipt No:	Receipt D	ate:		\square In person	\square By post	\square By email	
Amount Paid:	Payment I	1ethod: \square Cash	\square Cheque	\square Credit card	☐ Debit (EFTPOS)	\square Bank transfer	
Vaccination (C3) sighted:	Dog I: Yes / No	Due Date:		Dog 2: Yes / No	Due Date:		
Canine Companion classes:	☐ Beginners	☐ Bronze	☐ Silver		☐ Gold		
Dog sports:	\square Agility	☐ Flyball	□ Obedien	nce Trialling	\square DWD \square F	Rally Obedience	