



BELCONNEN DOG OBEDIENCE CLUB

2017 – 2018 New Membership Application (January to May)

BDOC MEMBERSHIP DETAILS

Please print all details. All membership applications must be accompanied by a current vaccination certificate for each dog.

Surname: First Name:

Other Names in Family Membership:

Address: Postcode:

Mobile Phone Number:

E-mail Address:

DOG AND HANDLER DETAILS Handlers must be over 11 years of age

	Dog 1	Dog 2
Dog's Name		
Dog's Breed		
Dog's Date of Birth		
Dog's Gender (M or F)		
Handler's Name		

ENROLMENT DETAILS

Session: **2018 Session 1** Starts Thurs 01/02 and Sun 04/02 **2018 Session 2** Starts Thurs 12/04 and Sun 15/04

Preferred training time: **Thursday 7:00pm – 8:00pm** **Sunday 9:00am – 10:00am**

The Belconnen Dog Obedience Club collects your personal information to establish and maintain your membership to the Club, and to provide you with newsletters and other information about the Club activities as required. Your personal information will not be used for any other purpose without first seeking your consent, unless the Club is authorised or required to do so by law. By completing and submitting this form, you consent to the collection of all personal information contained on this form, including the personal information of other individuals in your household.

I understand that the Belconnen Dog Obedience Club accepts no responsibility for any injury to persons or dogs, property loss or damage on the Club's grounds. I declare that my dog's vaccination (C3) will be kept current while I am a member of the club and I agree to abide by the rules of the Club.

Signed: Date:

I am paying a total of \$ being the Joining Fee (\$80), the Half Year Membership Fee (\$60) and the Half Year Training Fee(s) (\$25 per training activity per dog). Please see the Information letter for details of current fees.

SUBMITTING YOUR APPLICATION

Cheques and money orders should be made payable to Belconnen Dog 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

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 ONLY

Receipt No: Receipt Date: In person By post By email
 Amount Paid: Payment Method: Cash Cheque Credit card Debit (EFTPOS) Bank transfer
 Vaccination (C3) sighted: Dog 1: Yes / No Due Date: Dog 2: Yes / No Due Date:
 Canine Companion classes: Beginners Bronze Silver Gold
 Dog sports: Agility Flyball Obedience Trialling DWD Rally Obedience