BELCONNEN DOG OBEDIENCE CLUB
2017 – 2018 Membership Renewal
All membership renewals are due by 31 July 2017

BDOC MEMBERSHIP DETAILS Please print all details

Surname: ……………………………………………… First Name: ………………………………………

Other Names in Family Membership: …………………………………………………………………………………

Address: ………………………………………………………………………… Postcode: ………………

Phone Number: ………………………………………………………………………………………………………

E-mail Address: ……………………………………………………………………………………………………

Have your contact details changed since last year?   ☐ Yes   ☐ No

DOG DETAILS Please tick each activity that you undertake. Training fees for activities are $50 each per dog.

Dog's Name	Canine Companion	Agility	DWD	Flyball	Obedience Trialling	Rally Obedience	Total Due
Annual Membership Fee for 2017 – 2018							$120
TOTAL FEES DUE							$

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) are adequately vaccinated against hepatitis, distemper and parvovirus (C3) or titre tested to show satisfactory immunity, and I agree to abide by the rules of the Club.

Signed: …………………………………………………………… Date: ……………………………………

SUBMITTING YOUR MEMBERSHIP RENEWAL
Cheques and money orders should be made payable to Belconnen Dog Obedience Club Inc.

In Person
Visit the BDOC Office:
Thursdays (7:00 to 8:30pm) or
Sundays (9:00 to 10:30am)

Pay by: cheque, money order, credit card, EFTPOS, and cash

By Post
PO BOX 879, MITCHELL, ACT 2911

Pay by: cheque, money order

Online
Email your completed form and a copy of the bank transfer receipt to applications@bdoc.asn.au

Pay by direct bank transfer
BSB: 062 911
Account: 10139225

FOR OFFICE USE ONLY

Receipt No: …………………………………… Receipt Date: ……………………………… ☐ In person ☐ By mail ☐ By email

Amount Paid: …………………… Payment Method: ☐ Cash   ☐ Cheque   ☐ Credit card   ☐ Debit (EFTPOS)   ☐ Bank transfer