



# BELCONNEN DOG OBEDIENCE CLUB

## Visitor Membership Application

### BDOC MEMBERSHIP DETAILS

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

Surname: ..... First Name: .....

Address: ..... Postcode: .....

Mobile Phone Number: .....

E-mail Address: .....

### DOG DETAILS

	Dog 1	Dog 2	Dog 3	Dog 4
Dog's Name				
Dog's Breed				
Dog's Date of Birth				
Dog's Sex (M or F)				

### DETAILS OF VISIT

Dates of Temporary Membership: ..... to .....

Reason for Visit: .....

Name of Sponsor: .....

The Belconnen Dog Obedience Club collects your personal information to establish your temporary membership to the Club. 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: .....

Signature of Sponsor: .....

I am paying a total of \$ ..... being the amount negotiated and agreed upon by myself and the Sponsoring Member listed above.

### FOR OFFICE USE ONLY

Receipt No: ..... Receipt Date: .....  In person  By mail  
 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: .....  
 Dog 3: Yes / No Due Date: ..... Dog 4: Yes / No Due Date: .....