**MEMBERSHIP APPLICATION**

**PLEASE PRINT IN BLOCK LETTERS**

**GIVEN NAME(s)** **SURNAME**

I/We …………………………………………………. ……………………………………………………………………………….

…………………………………………..……………………………….....……………………………………………………….

Address……………………………………………………………………………..…………………………………………………

Suburb ………………….………………………….Post Code…………………………

Do hereby apply for membership of the **Southern District Kennel & Obedience Dog Club Inc**. being subject to Committee approval, and agree to abide by the rules and regulations of the club.

Email address…………………………………………………………………………………………………………………..

Telephone Number…………………………………………………… Emergency No.………………………….

Name of Dog……………………………………… Dog/Bitch Breed………………..……….………Age…………..

Name of Dog……………………………………… Dog/Bitch Breed………………..……….………Age…………..

Name of Dog……………………………………… Dog/Bitch Breed………………..……….………Age…………..

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| --- | --- |
| I acknowledge that I am solely responsible for the direct supervision of all children/minors under my guardianship at all times whilst attending Southern Districts Kennel & Obedience Dog Club.  My dog has been vaccinated either by the conventional  Method or by Homeopathic/Naturopathic method and I  Exonerate the Club from any responsibility should my dog contract Distemper, Hepatitis or Parvo virus.  Please be aware that any accidental injury to your dog is your responsibility.  **Date Joined** …………………………………..  **Signature** …………………………………………………….. | **Office Use Only.**  **Single/Double/Family/Junior/Pensioner.**  **Membership Renewal Part/Paid Fully/Paid .**  **Pension No.** ………………………………..…………..  **Receipt No.** ……………………………………….…….  **Part/Payment Receipt No.** ……………………………  **Vaccination Certificate Sighted**  **Vaccination Certificate Sighted** |