



# Knox Obedience Dog Club Inc. APPLICATION 2018

<b>Type of Membership</b> <i>(Includes joining fee of \$25.00)</i>	<b>FAMILY UNIT</b> <i>(First 2 Members)</i>	<b>\$105.00</b>	<input type="checkbox"/>	<b>START DATE:</b> <i>(Office Use Only)</i>  ...../...../.....
	<b>Additional Adults</b>	<b>\$20.00</b>	_____	
	<b>Additional Juniors</b>	<b>\$10.00</b>	_____	
	<b>SINGLE</b> <i>(17 years and older)</i>	<b>\$75.00</b>	<input type="checkbox"/>	
	<b>JUNIOR</b> <i>(10 years to 16 years old)</i>	<b>\$55.00</b>	<input type="checkbox"/>	
	<b>PENSIONER/SENIOR</b> <i>(Present Card)</i>	<b>\$55.00</b>	<input type="checkbox"/>	
	<b>DUAL PENSIONER/SENIOR</b> <i>(Present Card)</i>	<b>\$75.00</b>	<input type="checkbox"/>	

### BLOCK LETTERS PLEASE

Mr / Mrs / Ms / Miss \_\_\_\_\_  
Surname Given Name/s

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Mobile: \_\_\_\_\_ DOB *(Junior Members only)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

VCA Membership No.: \_\_\_\_\_  
*(Only applicable if you are a member of VCA)*

Email Address: \_\_\_\_\_ Emergency Ph.: \_\_\_\_\_  
*(In the event of an emergency at the club)*

Occupation *(Optional)*: \_\_\_\_\_ Work Ph. *(Optional)*: \_\_\_\_\_  
*(Here is your opportunity to support your club & for the club to support you)*

### FAMILY UNIT ONLY: *(Only applicable for family members planning to train their dog/s)*

Partner / Spouse \_\_\_\_\_  
Title Surname Given Name/s Mobile No.

1<sup>st</sup> Junior *(Ages 10 to 16)* **M / F** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Gender Surname Given Name/s DOB

2<sup>nd</sup> Junior *(Ages 10 to 16)* **M / F** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Gender Surname Given Name/s DOB

### DOG DETAILS

Pet Name:			
Breed:			
Gender <i>(Please Tick)</i> :	Dog <input type="checkbox"/>	Bitch <input type="checkbox"/>	Dog <input type="checkbox"/> Bitch <input type="checkbox"/>
Date of Birth:	/ /	/ /	/ /
VCA Reg'd No:			
VCA Reg'd Name:			
Handler of Dog:			
Training Class			

I agree to abide by the rules and regulations of the Knox Obedience Dog Club Inc. and confirm that my dog has a current vaccination certificate and is at least 4 months of age.

SIGNED: \_\_\_\_\_  
*(Member)*

GUARDIAN: \_\_\_\_\_  
*(If Member is 16 years or under)*

*(Office Use Only)*

Receipt No: \_\_\_\_\_

Amount \$ \_\_\_\_\_

Cheque / Cash / EFT / Credit

Vaccination Sighted:

Entered on computer:

**PLEASE NOTE: Membership cards are not transferable**  
**FEES ARE FOR YEAR TO 31<sup>st</sup> OCTOBER – THERE WILL BE NO REFUNDS**

Classes for new members starts on the first Sunday of each month at 9:45am.  
Please complete this form and present with your current vaccination certificate & payment from 8:30am at the Information counter.  
Please allow sufficient time for registration as the club receives large number of applications each month.