

# Wangaratta Kennel & Obedience Dog Club Inc.

Incorporation Number: A10106



## P/O Box 171, Wangaratta Victoria 3677 Membership Form

**Application For Membership**  **Or Renewal**  **Tick Appropriate Box**

### **PLEASE USE BLOCK LETTERS**

Name .....

Address .....

..... Postcode.....

Telephone No. ....

Email Address .....

Breed of Dog. ....

Name of Dog ..... Sex Dog / Bitch

Signature ..... Date.....

VCA Member YES / NO Membership Number .....

Minimum age of dog is 3 months of age. Must be vaccinated

### **PLEASE READ THIS FORM CAREFULLY**

**I / We hereby agree to be bound by the Rules / Regulations & Club Policy of the Wangaratta Kennel & Obedience Club Inc: I / We agree that I / We enter the grounds & train at my / our own risk & that the committee & members accept No responsibility whatsoever for any accident / loss or damage to any person, dog or property belonging to me / us  
All persons training on the grounds are required to become members of the Club for Insurance Purposes.**

### **PROOF OF VACCINATION MUST BE PROVIDED FOR CLUB RECORDS ON FIRST ATTENDANCE AT THE CLUB.**

- |                          |        |   |
|--------------------------|--------|---|
| <input type="checkbox"/> | Dual   | \$50.00 (2 Persons over 16 years of years living at same address) |
| <input type="checkbox"/> | Single | \$30.00 (1 Person Over 16 Years of Age)                           |
| <input type="checkbox"/> | Family | \$60.00   |
| <input type="checkbox"/> | Senior | \$10.00   |
| <input type="checkbox"/> | Junior | \$ 10.00 (1 Person 14 - 16 Years of age Ineligible to Vote)       |

Micro chipped

Vaccination Certificate Sighted

Office use only)

Rec'd Amount \$..... Receipt No.....Signature.....