



Application for Membership

Hobsons Bay Obedience Dog Club Inc
A0051697V
Enquiries: info@hbdoc.asn.au

To be eligible to become a member, your dog/s immunisation must be up to date.

Your details (owners)

Full name of owner/s	Is this owner under 16 years of age?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full address	Postcode
_____	_____
Contact telephone	Email
_____	_____
Preferred method to receive notices from the club	Posted to address above <input type="checkbox"/> or Emailed to address above <input type="checkbox"/>
_____	_____

Your dogs details

Dog's name	Breed	Restricted breed?	Age (approximate if not known)	Immunisation up to date?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does your dog/s exhibit behaviour that might be disruptive?

No Yes If yes, please describe the behaviour/s. If more than one dog is listed above, provide their name first and then list the behaviours.

Owners declaration

- I/We:
- wish to apply for membership of the Hobsons Bay Obedience Dog Club Inc.
 - support the purposes of the Association .
 - agree to comply with the Rules and By-laws of the Association (a copy of which may be inspected at the Secretary's table or HBODC website).

Signature X	_____	Date	_____
Signature X	_____	Date	_____
Signature X	_____	Date	_____
Signature X	_____	Date	_____

Office use (Secretary) only

Date received	Membership number	Vaccination certificate sighted	Membership fee paid Amount
_____	_____	Yes / NO	\$ _____