

2018-2019 SCDTC New Membership/Renewal Form



SOUTH COAST DOG TRAINING CLUB Inc.
(Incorporated under the Association Incorporations Act 1984)

www.sdtc.org.au

APPLICATION FOR NEW MEMBERSHIP/RENEWAL 2018-2019

NAME(S): Last Name/s _____

First Name/s _____

ADDRESS: _____ PC _____

CONTACT PHONES: _____

Member of DOGSNSW? YES/NO If Yes please record membership No: _____

EMAIL: _____

##JUNIOR MEMBERSHIP NAME(S):

_____ D.O.B. ____/____/____
 _____ D.O.B. ____/____/____

I/We hereby apply to join/renew of membership of the South Coast Dog Training Club Inc./We agree to abide by the Constitution and by-laws of the Association. I/We agree to the Guide and Rules of the Club. I/We agree to pay fees as agreed and circled on below. I/We agree that we are ultimately responsible for our dog/dogs when attending training on and off the fields. Your dog/s must be fully vaccinated.

SIGNED: _____ **DATE** ____/____/____

MEMBER REGISTRATION

Type of Membership	Annual Fee – YEARLY including \$5.00 joining Fee 1 st July -30 th June	Half Yearly including \$5.00 joining fee 1 st January -30 th June	RENEWAL (R) Due 1 st July each year including \$5.00 joining fee	NEW OR RENEWAL
SINGLE	\$45.00	\$30.00	\$20.00	
FAMILY	\$55.00	\$37.50	\$25.00	
CONCESSION	\$20.00	\$15.00	\$10.00	
JUNIOR (single)	\$25.00	\$20.00	\$10.00	
## PLUS \$5.00	Training Fee	Each Class for	Obedience Agility & IPO	

DOG REGISTRATION/VACCINATION: DISCIPLINE JOINED -OBEDIENCE-AGILITY-IPO

NAME OF DOG	BREED	Vaccination sighted Yes/No	Type of Vaccination
			C3 C4 C5 C7 _____
			C3 C4 C5 C7 _____
			C3 C4 C5 C7 _____
			C3 C4 C5 C7 _____

Paid Yes/No: RECEIPT NO _____ **\$** _____ **DATE** ____/____/____

Signature of person sighting Vaccination: _____ **Date:** ____/____/____



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OFFICE USE ONLY

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Secretary: _____ date ___/___/___

Committee Member: _____ date ___/___/___

Approved Paid vaccination papers sighted and entered Data Base
Date: ___/___/___

Graduation/Transfer Sheet filled in for Induction and given to the
Induction Instructor Yes/No