

Receipt No:

**2022**  
**PORT ADELAIDE OBEDIENCE DOG CLUB INC.**  
**MEMBERSHIP CARD**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ email: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

I/We do hereby agree to join the Port Adelaide Obedience Dog Club Inc and agree to comply with the Constitution and Rules/Policies.

Signature: \_\_\_\_\_ Date:        /        /

How did you hear about the Club? (please tick) ( ) Friend ( ) Pamphlet ( ) Vet ( ) Website

Other (please indicate)

Have you any Medical Condition that could affect you in the training of your dog? Yes / No

If so please indicate: \_\_\_\_\_

**IMPORTANT: Should your dog attack a dog or person on club grounds between the hours of 830am and 1200pm on a training day, YOU WILL BE LIABLE for all fees incurred (eg Vet, medical etc)**

On occasion photos are taken of members and their dogs for promotional purposes — do you give permission for photos of you and/or your dog to be used in any promotional material? YES / NO

**OFFICE USE ONLY**

Membership Type (please circle) ( ) Family ( ) Single Junior (Under 16 yrs) DOB:        /        /

Date Vaccinated: \_\_\_\_\_ Next Due: \_\_\_\_\_ Card Sited: YES / NO

Date Joined: \_\_\_\_\_ Date Renewed: \_\_\_\_\_