

Receipt No:

2025
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: _____