



## APPLICATION FOR MEMBERSHIP

I/We .....  
[Please Print Full Name(s) in Block Letters]

of .....

Suburb ..... Postcode .....  
[Please Print Full Address in Block Letters]

Contact Telephone Number .....

Email Address .....

hereby apply for membership of the Hobsons Bay Obedience Dog Club Inc. and in doing so agree to be bound by the Rules and By-Laws of the Association (a copy of which may be inspected at the Secretary's table).

Dated ..... [Please insert date]

Signed ..... [Please sign here]

Please complete the following details in relation to your dog(s)

Dog's Name	Breed	Age (approximate if not known)	Immunisation up to date (Yes/No)

Secretary's Use Only

Date Received	Membership Number	Date approved by Committee	Membership Fee Paid (Amount)