



ACT COMPANION DOG CLUB INC.

www.actcdc.org.au

MEMBERSHIP RENEWAL APPLICATION

If your membership has lapsed more than 6 months, you will also need to pay the joining fee of \$ 40.00 again.

Surname:		Ph:		Mob:	
Address:					
Email:				Renewal Due:	

Family Members (Over 11 years)

Please list all direct family members over the age of 11. Please list the dog's details under the name of the family member most responsible for training. If any handler is between 11 and 16, an adult must also be listed. Only adults have voting rights.

Title (Mr, Mrs, Ms Miss Dr etc.)	1	2	3	4	5
First Name					
Age if under 16					
Dog's Pet Name					
Breed					
Sex /DOB					
Activity					
Level					

Annual and Activity Fees

	Obedience	Agility	Flyball	DWD	Total
Activity Annual Fee	\$40.00	\$50.00	\$40.00	\$40.00	
No of Dogs					
Sub Total	\$	\$	\$	\$	\$
These fees (excluding visitor fees) are for a full year of classes which consists of 5 terms of 8 weeks (40 classes)	Annual Fee				\$ 70.00
	Grounds Only @ \$40.00				\$
	Visitor \$2/day \$5/week \$10/month				\$
	Grand Total				\$

I am paying for my/our membership renewal as indicated below (please tick applicable method):

- In cash \$ _____ at the club. (Office hours 10am – 1pm Mon – Fri + during Obedience training hours)
- By enclosed cheque for \$ _____ made out to the ACT Companion Dog Club (bring or post to the address below)
- By Direct Credit of \$ _____ to Account Name: ACT Companion Dog Club, BSB 032-729 Account: 235628
Please reference your membership no. and surname then email/post/bring this completed form to the Club NB: **If your payment doesn't reference your membership number and surname, we will have difficulty in tracking your payment. Please keep a copy of your transaction receipt in case of difficulties.**

I understand that the ACT Companion Dog Club accepts no responsibility for any injury to persons or dogs, property loss or damage on the Club's grounds. I declare that I will keep my dog(s) vaccination(s) current while I am a member of the Club and I agree to abide by the rules of the Club.

Signed (by Adult): _____ Name: _____ Date: _____

----- Office Use Only -----

Receipt No.	Amount:	Date Paid	Membership Card	Dog Card	Database
	\$				