



PORT STEPHENS DOG SPORTS CLUB INC

MEMBER APPLICATION FORM (18 YEARS AND OVER)

PLEASE PRINT CLEARLY

HANDLERS NAME TAG NAME
(IF DIFFERENT TO HANDLERS NAME)

ADDRESS P/CODE

Ph. No..... MOBILE

CHILD HANDLER (12 to 18 years)

★★★★ **PLEASE TICK BOX TO RECEIVE MONTHLY NEWSLETTER VIA EMAIL** ☐ ★★★★★

EMAIL

DOG NAME BREED (DATE) VACC DUE

DOG NAME BREED VACC DUE

DOG NAME BREED VACC DUE

ARE YOU A MEMBER OF DOGS NSW YES/NO

HOW DID YOU LEARN ABOUT OUR CLUB?

I AGREE TO ABIDE BY THE RULES OF THE CLUB

SIGNATURE

DATE / /

MEMBERSHIP \$15.00 TRAINING \$5.00

OFFICE USE ONLY

MEMBERSHIP &
SERVICE FEE \$

TRAINING FEE \$

TOTAL RCVD \$ SIGNATURE

VACCINATION SIGHTED BY