

ALBANY ALL BREEDS DOG CLUB (Inc)

Annual Membership Application

OWNER(S) DETAILS:

OWNER (1) _____
SURNAME FIRST NAME(S)

OWNER (2) _____
SURNAME FIRST NAME(S)

ADDRESS _____

PHONE _____ EMAIL _____

I understand Albany All Breeds Dog Club (Inc) is an affiliate member of Canine Association of Western Australia and agree to abide by the Constitution, Rules and Regulations of both bodies.

Signature(s) _____ Date ____/____/____

EMERGENCY CONTACT:

SURNAME FIRST NAME(S)

ADDRESS _____

PHONE _____ EMAIL _____

DOG DETAILS:

NAME _____

BREED _____ COLOUR _____

DATE OF BIRTH (Month/Year) ____/____/____ SEX (M/F) _____

STERILISED (Y/N) _____ VACCINATED / TITRE TESTED (Y/N) _____

CLUB USE ONLY

MEMBERSHIP TYPE: NEW RENEWAL LIFE MEMBER

MEMBERSHIP YEAR: _____ FEE PAID: \$ _____

FEE RECEIPTED: _____ CLUB REGISTER: _____



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ADDITIONAL DOG(S) DETAILS:

NAME _____

BREED _____ COLOUR _____

DATE OF BIRTH (Month/Year) ____ / ____ SEX (M/F) _____

STERILISED (Y/N) _____ VACCINATED / TITRE TESTED (Y/N) _____

NAME _____

BREED _____ COLOUR _____

DATE OF BIRTH (Month/Year) ____ / ____ SEX (M/F) _____

STERILISED (Y/N) _____ VACCINATED / TITRE TESTED (Y/N) _____

NAME _____

BREED _____ COLOUR _____

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