



MORNINGTON PENINSULA COMMUNITY DOG CLUB INC

Club Grounds: Citation Recreation Reserve, Helena St, Mt Martha
 Registered Office: 41 Prince Street, Mornington, 3931
 Postal Address: P.O. Box 541, Mt Martha, 3934

NEW MEMBERSHIP APPLICATION:

SURNAME:				FIRST NAME:			
ADDRESS:						POSTCODE:	
EMAIL CONTACT:							
PHONE:		HOME:		BUSINESS:		MOBILE:	
EMERGENCY CONTACT:			RELATIONSHIP:			PHONE:	
DOGS NAME:	BREED:	SEX:	AGE:	COUNCIL REG:	NAME OF COUNCIL:	VACCINATION DUE:	SIGHTED:
DOGS NAME:	BREED:	SEX:	AGE:	COUNCIL REG:	NAME OF COUNCIL:	VACCINATION DUE:	SIGHTED:
OFFICE USE ONLY:		RECEIPT NO:		DATE JOINED:		AMOUNT PAID:	
MEMBERSHIP ACCEPTED:		Name Tag:		PRESIDENT'S SIGNATURE:		DATE:	
MEMBERSHIP DECLINED:		New Members Kit:					

I acknowledge at all times I shall be wholly and totally responsible for the care, well-being, health and actions of any dog under my charge at any Club Activity and I declare that the above information provided is true and correct at the time of signing. By signing below I confirm I have read the Club Rules and agree to abide by these rules at all times.

Signed: _____ Name: _____ Date: _____

The Club is staffed by volunteers. Do you have any skills or talents which you would be willing to share and use for the benefit of the Club? _____

Office use only: Membership Type: _____ VCA No: _____