**PINE RIVERS DOG TRAINING CLUB Inc. Club Mobile: 0418 719 180**

 **Email:** **pineriversdoc@hotmail.com**

 **Postal address: PO Box 272, Strathpine 4500**

**MEMBERSHIP APPLICATION**

**Renewals are due 1st October**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **First name SURNAME**

**Telephone:** **Mobile:** **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**  **Postcode: \_\_\_\_\_\_\_\_**

Is the person handling the dog under 16 years of age? YES / NO

\*A junior handler between 10-16 years of age must have parent/guardian supervision.

Junior’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Dog/s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Breed/Mix** | **Dog’s Age** | **Office Use Only- vaccination cert.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MEMBERSHIP FEES:**

[ ]  Single Membership $20 [ ]  Double/ Family Membership $30

**Payment Methods**

* Cheque/Money Order made payable to Pine Rivers Dog Training Club Inc. and either posted to

**PO Box 272, Strathpine 4500**

* Bank Transfer – membership form may be emailed or posted but must include a copy of the bank transfer confirmation
	+ Reference: **MSHIP**  - it is essential that you clearly identify yourself and include the reference code
	+ Account Name: Pine Rivers Dog Training Club Inc
	+ BSB: 064164
	+ Account Number: 10673557

I/We hereby apply for membership of PINE RIVERS DOG TRAINING CLUB INC. and if accepted agree to abide by the club rules and regulations presently in force and subsequently enacted according to the provisions of the Constitution of the club. A copy of the Constitution is available upon request. If your application is unsuccessful you will be advised in writing and your payment refunded.

The club’s Public Liability insurance is provided under an umbrella policy of Dogs Queensland. Further information may be obtained from the Dogs Qld website <http://www.cccq.org.au/Useful-Documents-for-Clubs.aspx> and the club’s website <http://www.pineriversdoc.org.au/>

SIGNATURE: DATE:

**OFFICE USE ONLY**

PROPOSED BY : SECRETARY Approved/Not App.

**Membership Tag No. Date of Issue:**