



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

Mr/Mrs/Miss/Ms

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____ POSTCODE: _____

POSTAL ADDRESS: _____ POSTCODE: _____

EMAIL CONTACT: _____

TELEPHONE: _____ V.C.A. Membership Number: _____ (IF APP)

EMERGENCY CONTACT: _____

NAME OF DOG/S			
BREED			
SEX			
AGE			
VACCINATION DUE			

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: _____

This 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:

MEMBERSHIP TYPE: _____ RECEIPT NO: _____

DATE JOINED: _____ AMOUNT PAID: _____

ACCEPTED BY: _____ Signed: _____