

THE DOBERMANN CLUB OF WESTERN AUSTRALIA (INC.)
P.O. BOX 215, Wembley WA 6913.

APPLICATION FOR MEMBERSHIP/RENEWAL OF MEMBERSHIP

PLEASE PRINT IN BLOCK LETTERS

I/We Mr/Mrs/Ms _____ do hereby apply/renew for ordinary/associate membership of the Dobermann Club of Western Australia (Inc.). I fully support the objectives of the Club and agree to be bound by the Constitution, Domestic Rules of the Club and Code of Ethics, as is or may be amended from time to time according to the Constitution.

**It is a condition of membership of the Dobermann Club of Western Australia (Inc.) that:
 All puppies born under the Prefix held by a member shall be tattooed with a number issued by the Dobermann Club of Western Australia (Inc.).
 All dogs owned by a member are to be identifiable either by tattoo or microchip.**

SIGNATURE OF APPLICANT(S): _____ WITNESSED BY: _____

APPLICANT(S) ADDRESS: _____

POSTCODE: _____ PHONE NUMBER: _____ MOBILE: _____

EMAIL: _____

FEES: \$ _____ BEING FOR _____
 (type of membership)

WHERE DID YOU HEAR ABOUT THE DOBERMANN CLUB OF WA ? (Tick One)
 YELLOW PAGES WEST AUSTRALIAN SUNDAY TIMES

BREEDER _____ CANINE ASSOCIATION VET

OTHER (Please Specify) _____

PET NAME OF DOG/BITCH(S): _____

PEDIGREE NAME OF DOG/BITCH: _____

REGISTRATION NUMBER(S): _____

TATTOO NUMBER(S): _____

DATE BORN: _____

COLOUR: _____

SIRE: _____ DAM: _____

	ORDINARY * Membership		ASSOCIATE Membership	
	New Member	Renewals	New Member	Renewals
Single				
Standard	40.00	30.00	30.00	20.00
Pensioner or Country	25.00	15.00	20.00	10.00
Joint				
Standard	47.00	35.00	42.00	30.00
PENSIONER** OR COUNTRY	32.00	20.00	27.00	15.00

* See Section 8 of Domestic Rules for definition

** Both Applicants must be recipients of a Health Care Concession Card as issued by the Commonwealth Government.

OFFICIAL USE ONLY:

Fees of \$ _____ Receipt No. _____

Date: _____ Treasurer's Signature: _____

Date presented to Management Committee: _____ Date Approved: _____