

Agility Dog Club of S.A. Inc.: Membership Application/Renewal

Date: Membership No.....

Name:

Secondary name if Double/Family membership:

Address:

Phone/Mobile number: e-Mail:

Emergency Contact (Name, Phone No.):

Occupation: Facebook User Name:.....

Age Group	7-17 yrs	18-25yrs	26-45yrs	46-60yrs	Over 60yrs
Please ✓					

Gender	Female	Male	Are you able to assist our volunteers (e.g. committee, stewarding at trials, equipment maintenance)? Yes/ No/ Maybe (Help with:.....)
Please ✓			

Where/ how did you find out about our club? **(Please circle any that apply)**

Website	Facebook	Instagram	Friend	Referral from another club	Previously an ADCSA member	Community event	Other (please comment):
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Dog's Pet Name	Pedigree name if applicable	Breed(s)	Dog's Date of Birth	Class the dog will train in (Puppy/ Introductory/ Beginners/ Intermediate/ Advanced/ Trialing)

Do you have a Height Card for your dog? Yes / No: Height Jump

Any existing Agility/Jumping Titles for this dog(s)

I/We the undersigned, agree to abide by the Constitution and Rules of ADCSA.
 I/We agree to publication of photography/videography of training and public activities undertaken at ADCSA
 Signature(s):.....

FOR OFFICE USE ONLY

N.B: Titre testing results accepted

Dog's Name	Vaccination Type & Date	Next Due	Registering Officer Sign

Membership Type:	Single \$65	Double/ Family \$95	Social (up to 5 sessions) \$35	Junior (7-17yrs) \$35	Committee/ Instructor \$35	Life Member	Joining Fee (New members) \$15

Fees Received	Amount: \$	Receipt No.	Reg. Officer Sign:
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Direct Deposit to: Account Name: Agility Dog Club of SA BSB:805-050 Acct No: 61297807
 Copy receipt to: agilitydogclubsa@internode.on.net