

# Queensland Agility & Jumping Dog Club Inc.



Postal Address: P O Box 1037, Park Ridge 4125

## Application for Membership

Membership No. \_\_\_\_\_

Name: (Surname) \_\_\_\_\_

(Given Name/s) \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Breed/s of Dog/s: \_\_\_\_\_

**\*\*\*\* Please attach a copy of Dog/s' current  
Vaccination Certificate/s \*\*\*\***

Dog/s Call Name/s: \_\_\_\_\_

C.C.C.(Qld) Member (Y/N) \_\_\_\_\_ M'ship No.(owners): \_\_\_\_\_

### Subscription

**(Membership is non-transferable)**

- Joining Fee (\$10-00)
- Single Membership (\$10-00 per financial year)
- Dual Membership (\$15-00 per financial year)
- Family Membership (\$20-00 per financial year)
- Junior Membership (\$5-00 per financial year) D.O.B. \_\_\_ / \_\_\_ / \_\_\_  
(Proof of age must be produced for Junior members.)

I/We hereby apply for membership to the Queensland Agility & Jumping Dog Club Inc.  
I/We will abide by the Club's Constitution and shall strictly observe and act in conformity with,  
and not otherwise than in accordance with, the Constitution of the Affiliate and the Rules and  
Regulations of the C.C.C.Q. I/We will uphold the honour of and use my/our best endeavors to  
further the objectives of the Affiliate.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

(Cheques/Money Orders to be made payable to: Queensland Agility & Jumping Dog Club Inc.)  
(Financial Year: 1 July to 30 June.)

Office Use Only:

Amount Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_