

**AGILITY DOG CLUB OF VICTORIA Inc.**

**ACN A00334935**

**P.O. Box 1141, Altona Meadows 3028**

Foundation Class Booking

ADCV offers a 6 week Agility Foundation program that is designed to teach you and your dog the basics of agility. Dogs are required to have a solid recall & sit, stay. To reserve a place in a future class, complete this form and email to membership@adcv.com.au or via post. The Booking fee should be paid by direct deposit. The Membership officer will contact you to confirm your booking. Dogs must be vaccinated and registered with your local Council. Training is at Crofts Reserve on Friday nights.

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| **ADCV Financial Members** |  | **New Members** |  |
| Foundation Class Fee: | $30.00 | Booking Fee: | $10.00 |
| **Total Fees Due:** | **$30.00** | Class Fee: | $90.00 |
|  |  | **Total Fees Due:** | **$100.00** |

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| **Member’s Contact Details** |  | **ADCV Bank Account Details** |
| *First Name:* |       |  | *Bank:* | Bendigo Bank |
| *Surname:* |       |  | *Name:* | Agility Dog Club of Victoria |
| *Postal Address:* |       |  | *BSB:* | 633-000 |
| *Email Address:* |       |  | *No.:* | 127479723 |
| *Facebook Email:* |       |  |  |  |
| *Age if under 18:* |      |  | **Emergency Contact’s Details** |
| *Phone/Contact:* |       |  | *Name:*  |       |
| *Accept Contact* | Use my contact details to advise meof club news or for notifications |  Yes |  | *Phone:*  |       |

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|  |  **Dog’s Details** |
| *Dog’s Name:* |       |
| *Date of Birth:* |       /       /       |
| *Breed Description:* |       |
| *Colour:* |       |
| *Vaccination Next Due:* |       /       /       |

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| **Affiliate Information** |  |
| *Are you a current financial member of the Victorian Canine Association (VCA)?* |  Yes, Membership No.       No |
| *Are you a member of another VCA Affiliated Club?* |  Yes No |
| *If yes, do you wish to nominate ADCV as your primary\* club?**\*Note it is necessary to nominate ONE dog club affiliated with the VCA as your primary club.* |  Yes No |

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| **Declaration** | **Signature** |
| *I have read and hereby agree to abide by the attached Rules and Regulations of the Club.* |  |

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| ***Office Use*** |  |  |  |
| Starting Date: |       /       /       | Membership Class: |  Foundation |
|  Vaccination confirmed |  |  |  |