

Membership Renewal 2021/2022

Member Number _____

Dogs NSW Membership Number _____

Membership Type	
Family	\$25
Concession	\$20
Instructor - Free	

Name (please Print): _____

CHANGE OF DETAILS: Please advise any changes to your Address, Telephone Number, E-Mail or EMERGENCY CONTACT Details

Dogs Name	Vaccination Due	Class – Upper Green, Red Etc	Vaccination Sighted

Signature: _____

Mailing address: PO Box 86 Charlestown NSW 2290

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