



Application for Membership to WAAG Agility Dog Club Inc.

Annual Membership Valid from January 1st until December 31st.

If applying after October 1st, membership is valid till December 31st the following year.

- Family Membership** for unlimited members from the same household.
\$30. All members over 18 have full voting rights.
Please fill in the name of each family member that is likely to attend training grounds or competition grounds.

Member Details

- I am a renewing member of WAAG or I am a new member of WAAG

About Me

Name: _____

Address: _____

Postcode: _____

Home Phone: _____ Mobile Number: _____

Email: _____

About my family

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

- Please add me to the WAAG-agility email discussion list at Yahoo groups.

About our Dogs

First Dog's Name: _____

Dog's Date of Birth: / / Or estimated age if DOB is unknown: _____

Breed or Cross: _____

Council Registration Number: _____

Date of last Vaccination: / / I have attached a copy of my dog's latest vaccination certificate

Second Dog's Name: _____

Dog's Date of Birth: / / Or estimated age if DOB is unknown: _____

Breed or Cross: _____

Council Registration Number: _____

Date of last Vaccination: / / I have attached a copy of my dog's latest vaccination certificate

Third Dog's Name: _____

Dog's Date of Birth: / / Or estimated age if DOB is unknown: _____

Breed or Cross: _____

Council Registration Number: _____

Date of last Vaccination: / / I have attached a copy of my dog's latest vaccination certificate

What I agree to as a member of WAAG

- I have read the WAAG ground rules and agree to abide by these rules.
- I understand that WAAG offers no refunds on membership fees.
- I understand that participating in agility requires helping to set up and pack up the agility equipment.
- I apply for membership to Wild About Agility GoldCoast- Agility Dog Club Inc (WAAG - ADC Inc). In the event of membership admission, I agree to be bound by the Memorandum and Articles of Association and Regulations of WAAG - ADC Inc. for the time being in force.

Signature: _____ Date: / /

Guardian's signature if under 18: _____

If mailing forms, please forward to: WAAG-ADC Inc, PO Box 4432, Ashmore Plaza, Ashmore Qld 4214

Office Use

Date Received: / / Initials:

- Received Payment
- Verified Membership
- Verified Vaccination
- Receipted Payment

Secretary:

Entered in Membership database Initials: