

NABDTC – Membership Renewal 2018 / 19

Member Number _____

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

NAME (Please print) _____

EMERGENCY CONTACT – Name _____

Phone _____

DOGS NSW Membership Number (if you have one) _____

CHANGE OF DETAILS – Please advise any changes to your address, telephone number, email.

Dog Name	Vaccination Due	Class (eg Lower red)	Vac Sighted

I still agree to my original conditions of membership

Sign _____

Date _____