



## Application for Membership to WAAG Agility Dog Club Inc.

*Annual Membership is valid from January 1<sup>st</sup> until December 31<sup>st</sup>.*

*If applying after October 1<sup>st</sup>, membership is valid until December 31<sup>st</sup> the following year*

**Family Membership** for unlimited members of the same household. \$40.00

Please fill in the name of each family member who is likely to attend the training grounds or competition grounds

**Single Membership** \$40.00

All members over the age of 18 have full voting rights

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### Member Details

I am a renewing member of WAAG: YES / NO

I am a new member of WAAG: YES / NO

### About Me:

Name:

Address:

Postcode:

Home Phone:

Mobile Number:

Email Address:

Prior experience, if any, of handling/training a dog/s:

### About my Family

Name:

Name:

Name:

Name:

**Please add me to the Facebook Closed Group 'Wild About Agility Gold Coast Members Page'  
YES / NO**

**About our Dog/s:**

First Dog's Name

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

Breed or Cross:

Council Registration Number:

Date of last Vaccination:        /        /                    Copy attached: YES / NO

Second Dog's Name

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

Breed or Cross:

Council Registration Number:

Date of last Vaccination:    /        /                    Copy attached: YES / NO

Third Dog's Name

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

Breed or Cross:

Council Registration Number:

Date of last Vaccination:    /        /                    Copy attached: YES / NO

**What I agree to as a Member of WAAG**

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.

I have read and understood the WAAG Ground Rules and agree to abide by these rules.

I understand that participating in agility requires helping to set up and pack away the agility equipment.

I acknowledge that WAAG offers no refunds on membership fees.

Signature:                    Date:        /        /20

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Office Use Only

Date Received:..... Initials:.....

Payment Received: Yes/No

Membership Verified: Yes/No

Vaccination Verified: Yes/No

Secretary: Entered into membership Data Base : Initials:.....