

## 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 Members over the age of 18 have full voting rights **Member Details** I am a renewing member of WAAG: YES / NO I am a new member of WAAG: YES / NO **About Me:** ......Postcode: ..... Email Address: ..... Prior experience, if any, of handling/training a dog/s:..... **About my Family** 

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:/
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
By applying for membership of Wild About Agility Goldcoast – Agility Dog Club Inc. (WAAG):
<ul> <li>I agree to be bound by the current Memorandum and Articles of Association and Regulations of WAAG;</li> </ul>
• I declare that I have read and understood the WAAG Ground Rules and agree to abide by them;
<ul> <li>I understand that, as a member of a volunteer organisation, I agree to will participate in club activities, including, but not limited to:         <ul> <li>setting up and packing away agility equipment at training sessions or competitions attended;</li> <li>organising and/or running club events (usually held 3 times a year), and/or working bees, held occasionally at the grounds; and</li> </ul> </li> </ul>
<ul> <li>I understand that failure to comply with the rules and regulations of WAAG can result in cancelling of my membership.</li> </ul>
I acknowledge that WAAG offers no refunds on membership fees.
Signature:
Office Use Only
Date Received:       Payment Received: Yes/No       Vaccination Verified: Yes/No       Initials:         Membership Verified:       Yes/No       Membership Number       Initials:
Secretary: Entered into membership Data Base: Initials: