

TO BE COMPLETED BY CLUB SECRETARY AND RETURNED TO DOGS VICTORIA OFFICE WITHIN ONE MONTH OF THE AFFILIATE'S ANNUAL GENERAL MEETING.

Name of Affiliate _____

The Annual General Meeting of this club was held on _____

at _____ and in compliance with Dogs Victoria conditions of affiliation and regulations below, we submit the attached annual returns.
(Refer Dogs Victoria Regulation 3.4.3.2)

Tick as Attached

1. Balance Sheet, profit and loss statement for the last financial year and bank statement.
2. Annual Report and/or Minutes of the Club adopted at the Annual General Meeting.
3. Current list of Office Bearers including Dogs Victoria membership number for each person. *(Refer Dogs Victoria Regulation 3.4.3.4)*
4. The number of financial members (including Life/Honorary members) of the Club is _____
5. Evidence of incorporation with Consumer Affairs.
6. Have you lodged your Club's Annual Return with Consumer Affairs Victoria. YES NO
(attach receipt of filing fees from Consumer Affairs)
If NO, Why _____
7. Statement advising if the club requires assistance from Dogs Victoria. YES NO
(attach if YES)
8. Statement signed by the President, Secretary and Treasurer certifying that the Affiliate is financially able to continue its activities for the following year

Refer to regulations 3.4 Obligations of an Affiliate which can be found

<https://dogsvictoria.org.au/members/members-area/members-resources/constitution-rules-and-regulations/>

Name of Club Secretary: _____

Date: _____

Signature of Club Secretary: _____

Phone No. for day contact: _____

Email: _____

Please return all documents to

t: 9788 2500 f: 9788 2599

events@dogsvictoria.org.au

655 Westport Hwy Skye, VICTORIA 3977

www.dogsvictoria.org.au



Date

We the undersigned, being the President, Secretary and Treasurer respectively of the

_____ (Name of Affiliate)

certify that we have examined the balance sheet, profit and loss statement for the last financial year and bank statement and are financially able to continue activities for the following year, as presented at the Annual General Meeting held on _____.

President

Secretary

Treasurer

Full Name

Full Name

Full Name

Signature

Signature

Signature

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