

SYNDICATED DOG DETAILS

Conditions of Syndicate must be attached. (Refer rule 2.13)

DETAILS OF SYNDICATED DOG

NAME	REGISTRATION NUMBER	
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NOMINEE		
TITLE (Mr Mrs Miss Ms) and SURNAME	GIVEN NAMES	
RESIDENTIAL ADDRESS (must be stated)	SUBURB or TOWN	POSTCODE
POSTAL ADDRESS (if different from residential address)	SUBURB or TOWN	POSTCODE
TELEPHONE	MOBILE	EMAIL
MEMBERSHIP NUMBER		

I/We agree to be bound by the Constitution, Rules & Regulations, Code of Ethics and Codes of Practice of Dogs Victoria.

A full copy of the Dogs Victoria Constitution, Rules & Regulations and the Code of Ethics and Code of Practice are available from www.dogsvictoria.org.au

Signature _____ Date _____

OTHER OWNERS

NAME IN FULL (MR, MRS, MISS, MS, GIVEN NAMES, THEN SURNAME)	MEMBERSHIP NUMBER
RESIDENTIAL ADDRESS	SIGNATURE
NAME IN FULL (MR, MRS, MISS, MS, GIVEN NAMES, THEN SURNAME)	MEMBERSHIP NUMBER
RESIDENTIAL ADDRESS	SIGNATURE
NAME IN FULL (MR, MRS, MISS, MS, GIVEN NAMES, THEN SURNAME)	MEMBERSHIP NUMBER
RESIDENTIAL ADDRESS	SIGNATURE

PLEASE SEE BACK OF FORM FOR PRICES AND DEFINITION OF MEMBERSHIP CATEGORIES

