



MEMBERS EDUCATION COURSE – APPLICATION FORM

Mr/Mrs/Ms/Miss: _____ Membership No: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Prefix: _____

METROPOLITAN CANDIDATE

COUNTRY CANDIDATE

This Application must be received, together with the Program Fee of **\$170**, by DOGS NSW, either by: post PO Box 632, St Marys, NSW 1790, email info@dogsnsw.org.au or by hand

The fee above also includes a copy of the reading criteria “The New Dog Owner’s Manual” by Dr Karen Hedberg BVSc

CREDIT CARD DETAILS

Mastercard Visa Expiry Date / CCV _____

Card Number

Please debit my credit card for the amount of \$ _____ Signature: _____

Direct Deposit - Name: DOGS NSW BSB: 062-597 Account: 10254964 Commonwealth Bank. If paying by Direct Deposit please include your Membership number as the reference.

FEES ALSO PAYABLE BY CHEQUE or MONEY ORDER - ALL REMITTANCES PAYABLE TO DOGS NSW