



MEMBERS EDUCATION PROGRAM – APPLICATION FORM

Dr/Mr/Mrs/Ms/Miss:

Membership No:

Address:

Postcode:

Phone: (H)

(M):

Email:

Prefix:

This Application must be received, together with the Program Fee of **\$170** (This includes a copy of the reading criteria "The New Dog Owners Manual" by Dr Karen Hedberg BVSc), by DOGS NSW, by hand, post to PO Box 632, St Marys NSW 1790 or email to - DOGS NSW - info@dogsnsw.org.au

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