



**DOGS NSW - CHANGE OF OFFICE BEARERS**

**MARCH 2025 VERSION**

**NOTIFICATION OF CHANGE OF OFFICE BEARERS AND / OR CLUB CONTACT INFORMATION**

**NOTE: The information in this section will be published on the DOGS NSW Website**

Affiliate Name:			
Membership No:			
Affiliate Address:			
Affiliate Email:		Affiliate Phone:	
The following Office Bearers were elected at the _____ meeting held on:			(Date)
<b>(A copy of the relevant minutes must be attached)</b>			

**PRESIDENT**

Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):

**SECRETARY**

Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):

**1<sup>ST</sup> VICE PRESIDENT**

Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):

**2<sup>ND</sup> VICE PRESIDENT**

Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):

**TREASURER**

Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):			
First Name:		Last Name:	
Email Address:		Membership No:	
Address:		State:	Postcode:
Phone (H):	Phone (B):		Phone (M):