



NOTIFICATION OF CHANGE OF OFFICE BEARERS AND / OR CLUB CONTACT INFORMATION			
NOTE: The information in this top section will be published on the DOGS NSW Website			
Affiliate Name:			
Membership No:			
Physical address: (Where training is)			
Postal address: (Not published)			
Affiliate Email:		Affiliate Phone:	
The following Office Bearers were elected at the _____ meeting held on:			(Date)
(A copy of the relevant minutes must be attached)			
PRESIDENT – Please enter name as listed on financial membership			
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 – Please enter name as listed on financial membership			
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):	
1ST VICE PRESIDENT – Please enter name as listed on financial membership			
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):	
2ND VICE PRESIDENT – Please enter name as listed on financial membership			
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 – Please enter name as listed on financial membership			
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):	