

## **APPLICATION FOR MEMBERSHIP**

Private Bag 50903, Porirua 5240 Tel: 04 237 4489

You are required to be a member of Dogs New Zealand (DNZ) (formerly the New Zealand Kennel Club) if:

- You wish to breed a litter (In this case you also require a Kennel Name. The owner of the bitch is the breeder. Please complete the Application for a Kennel Name form.)
- You are the owner(s) of a dog you wish to show at a Championship or Open Show, Championship Obedience Test, Open Obedience Trial, Championship or Open Agility Event or Working Trial.
- You wish to hold an executive office in any society, affiliated or associated to the DNZ.
- You have Joint Ownership of a dog/bitch. All owners must be members of Dogs New Zealand.

DNZ	OFFICE
USE	ONLY

First name(s) in full	full		Surname		
Postal Address			Town/City		
Post Code	l '				
Telephone (Home) 1. 2.	(Business) 1. 2.		Mobile 1. 2.	Fax 1. 2.	
Name of Second Me	mber of Household app	olying for DNZ Mer	mbership		
Date of Birth ( <b>Junio</b> i	r members only)			/	/
Details of Existing D	NZ Member In Househo	ld If Applicable			
Name:		Membe	rship No:		
Please tick which acti	vities you will be taking	part in from the s	election listed below. Y	ou may select more	than one.
Breeding	Obedience	Agility	Trials	JDS	Showing

## **JOINING FEES (INCL GST)**

The first adult member of each household pays a higher fee. This covers the subscription to the NZ Dog World. DNZ Rules require that 1 copy of the Magazine MUST go to all households with an adult member.

	Total \$
Junior Member with Magazine	\$90.00
Junior Membership	\$31.00
2nd Member of Household	\$64.50
1st Member of Household with Magazine	\$123.50

Breed	ne following dogs registered with the DNZ Dog's Registere			Dog's Registration No.
/ere you pre	eviously a member? NO	YES 🗀		
	or Previous address			
	MEMBER CLUBS - Co of Dogs New Zealand (DNZ) are re	•		•
ecognised s		quilou to bo u moi	nisor of actionations B	TVE animatou, accounted of
ITHER	1) I/We declare I/We are financial mer	nber/s of the follow	ng club	
lame of Clu	h			
		Tub within 21 days		
JN	2) I/We intend to join the following C	iub within 21 days		
Name of Clu	b			
OR	<ol> <li>I/We require you to send a list of C membership will not be issued u</li> </ol>			
PAYME	NT			
	<b>king</b> ount 03-0547-0104575-00. Please ensu details of services you are paying for eq		nking you include you	r membership number and
Payment by	Credit Card (Please circle which card)	VISA	MASTERCARD	)
Card Number	:		Expiry	
Cardholder's	Name (Print):			
	\$			
any person	-The information contained on our me for any valid purpose pursuant to DNZ rposes other than that for which it was	zrules upon payme		
	If you do no	t wish this informati	on to be used write NC	in the box
/We agree to	be bound by the Rules and Regulation	ns of Dogs New Zea	land.	
Signature:	Signature:		Date:	