SOUTH AUSTRALIAN YARD DOG ASSOCIATION Inc

PRESIDENT
Darren Jenke
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TREASURER
Kim Dodson
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Committee members: Travis Ware Peter Barr Angie Grant Lee Mickan

MEMBERSHIP RENEWAL FORM 2024/25 financial year				
NAME	C(S):	2		
	e provide names of all family Members r			
ADDR	ESS:			
TEL. NO:		MOBILE NO:	MOBILE NO:	
FAX N	iO:	EMAIL:		
I/we ca parvov	gree to abide by the rules & code of co an provide proof if requested by the co virus, distemper & infectious hepatitis	mmittee or convenor that my/our d up to date.	og/dogs have their vaccinations for	
(ALL	ATURE(S) 1 Members applying for renewal are req D:			
	Condition of dogs: All dogs are to be presented in a good healt A bitch visibly in pup &/or in the last 3 wee A bitch visibly lactating cannot be trialled Transport of dogs: Dogs are not to be over crowded in vehicles Dogs are to be safely secured when being the Trailers & cages transporting dogs are to be Behaviour of handlers and members: Handlers disciplining dogs in a manner that Handlers threatening dogs on the trial groun Handlers & members must not inflict pain of	thy condition at all times. eks of their pregnancy cannot be trialled. s and trailers. ransported. e kept clean & well ventilated with water t offends the public will not be tolerated a nd will be reprimanded, have points deducer cause wilful distress to any animal. pectful towards officials, other members, ny action or dialogue that may be deemed l or physical abuse upon another member t to the Judge, Convenor and Disputes Co ising their dogs.	o be regularly offered to dogs. SAYDA Inc venues and events. Sted or be disqualified. handlers & spectators & behave in a sportsmanlike as discrimination or sexual harassment. competitor, official or spectator.	
	Junior (under 17 student) Associate (non trialling)	\$20 \$20		

The relevant fee should be made payable to South Australian Yard Dog Association

Post or email to Kim Dodson 25 Dave Dodsons Rd. Lillimur Vic. 3420 or k-dodson@hotmail.com

Cheque or Payment by EFT: BSB 633000 Acc. 171018245 with your name and return above form to Kim Dodson.